

Name
in
Full

Henry Cortis Beale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumberland Alleg

MARYLAND

Date

of death

1909 Feb.

Day

12

Age

Years

2

Months

5

Days

-

Sex

Male

Color or
Race

White.

Birth-
place

Cumberland

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Albert L Beale

Father's
Birthplace

Md

Mother's
Maiden Name

Myrtle F. Wentling

Mother's
Birthplace

Pa

Name of person giving
Information

Albert L Beale

How related
to deceased

Father;

CAUSES OF DEATH

61

Primary

Cerebro-Spinal Meningitis

How long

10 days.

Immediate

convulsions + Exanthema

How long

2 days -

Are the name, age, sex, color, date
and place correctly given above?

Yes

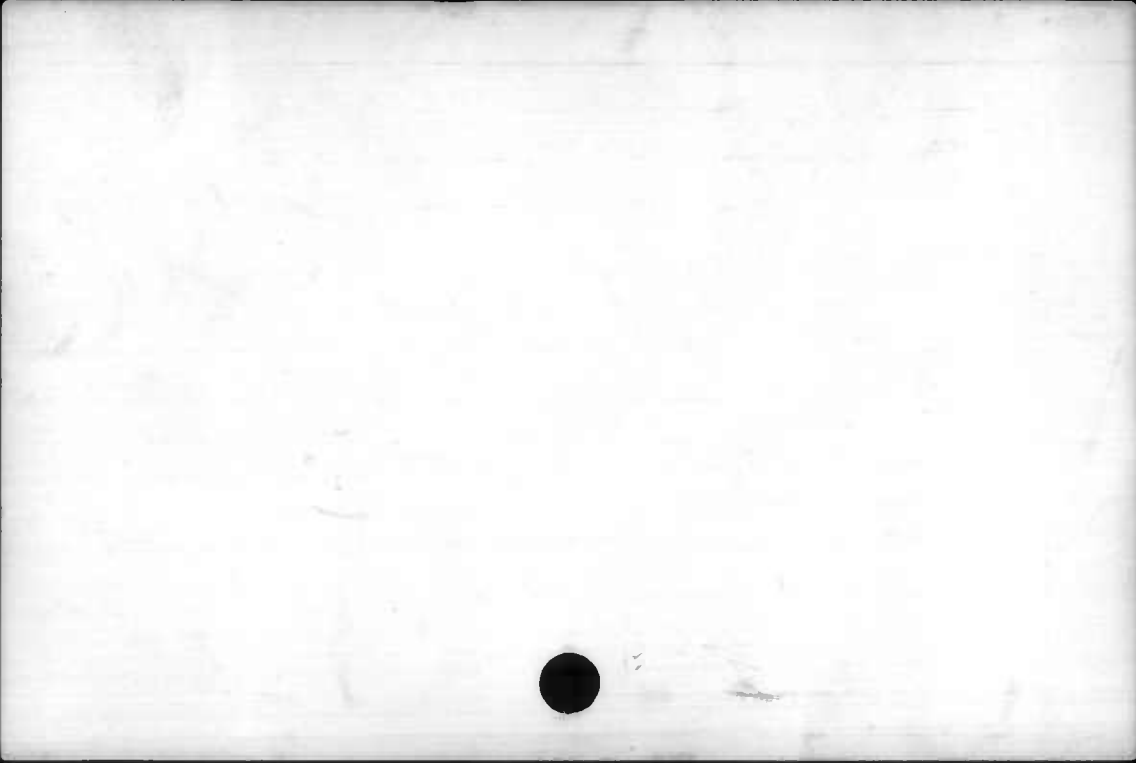
Signature of
Physician

F. B. Barnardall

Address

Cumberland Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mrs. Mary Alice Beare Town Trustburg County Allegheny MARYLAND

Died at Trustburg

Date of death 1904 Month 2 Day 10 Age 57 Years 5 Months 10 Days

Sex Female Color or Race White Birth-place England

Occupation Domestic Where Residing if not at place of death Trustburg

Married, Single ~~or Widowed~~ Name of Wife or Husband Mark Beare

Father's Name Robert Byron Father's Birthplace Unknown

Mother's Maiden Name Fiona Beverly Mother's Birthplace Unknown

Name of person giving information How related to deceased

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 6 yrs

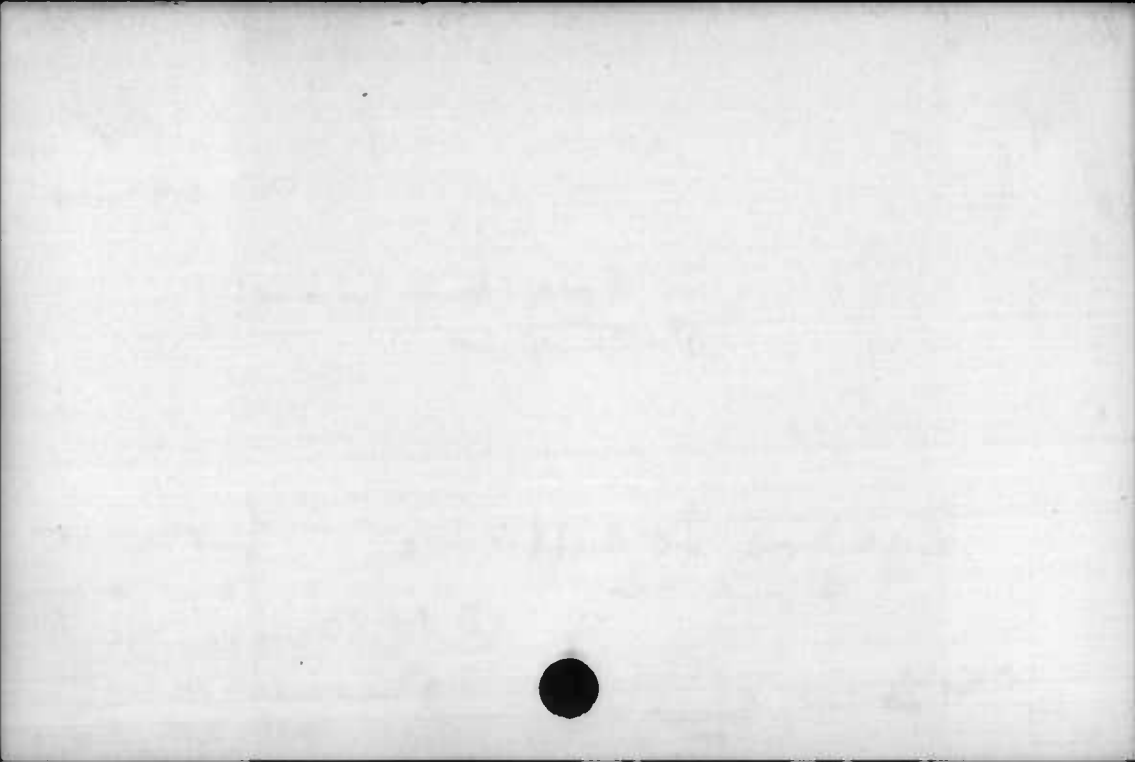
Immediate Asphyxiation How long 6 yrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. S. L. Linger

Address Trustburg

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

Williams Carthens

Town

County

MARYLAND

Died at

Cumberland Allegany

Date

of death

1909

Month

2

Day

18

Age

Years

46

Months

0

Days

0

Sex

Male

Color or
Race

White

Birth-
place

Doubtless

Occupation

Carpenter

Where Residing if not
at place of death

Cumberland

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rosa (out (curr))

Father's
Name

William Carthens

Father's
Birthplace

Ireland

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Sandy Hook, N.J.

Name of person giving
Information

Rosa Carthens

How related
to deceased

Wife

CAUSES OF DEATH

79

Primary

Cardiac Insufficiency

How long

few minutes

Immediate

Syncope

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Chas. B. Brace M.D.

Address

Cumms Md

O.K. G. H. Monty, Coroner

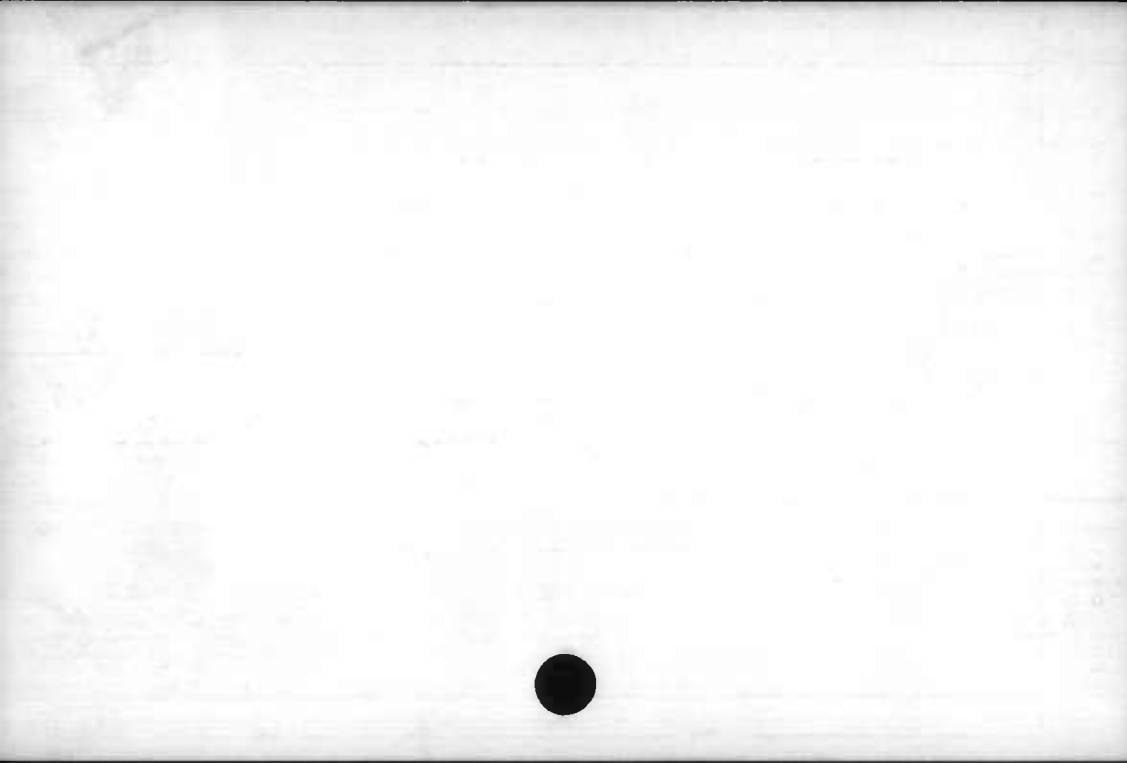
H.O. Kelly Co

Accident or Suicide

OFFICE SUPPLY CO. 11-15-08

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

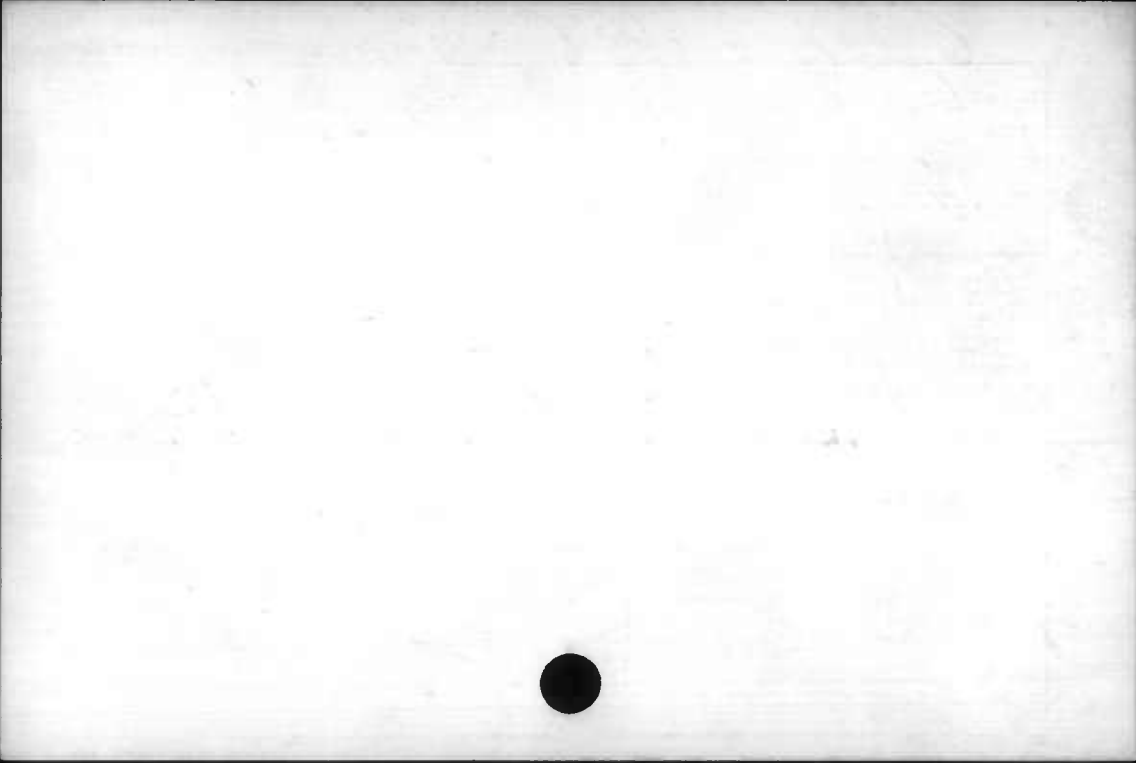
Name *Clayton W Cressna* Town *Cumberland* County *allergany* MARYLAND
Died at
Date of death 1909 Feb 20 Age 19 Months 0 Days 0
Sex *Male* Color or Race *white* Birth-place *md*
Occupation *Laborer* Where Residing if not at place of death *Cumberland*
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *William Cressna* Father's Birthplace *Pa*
Mother's Maiden Name *Savannah Smith* Mother's Birthplace *Pa*
Name of person giving Information *William Cressna* How related to deceased *father*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Hepatic carcinoma* How long
Heart *Myocardial Regu* *3 mo*
Immediate *Exhaustion* How long
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. [Signature]*
Address *Cumberland Md.*
Accident or Suicide *J. C. H.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martin Connelly</i>		Town <i>Cumturland</i>		County <i>Allegheny</i>		State MARYLAND	
Died at <i>Cumturland</i>		Month <i>Feb</i>		Day <i>2</i>		Years <i>78</i>	
Date of death <i>1909</i>		Month <i>Feb</i>		Day <i>2</i>		Years <i>78</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Months —	
Occupation <i>Farmer</i>		Where Residing if not at place of death —		Days —		—	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bridget Connelly</i>		Father's Name <i>Owen Connelly</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Don't know</i>		Name of person giving Information <i>Bridget Connelly</i>		Mother's Birthplace <i>D. K.</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary <i>Hypertrophy of Prostate</i>	How long <i>years</i>
Immediate <i>Cystitis & Heart weakness</i>	How long <i>months</i>
Are the name, age, sex, color, data and place correctly given above? <i>True</i>	Signature of Physician <i>E. J. Delaney M.D.</i>
Address <i>Allegheny</i>	Address <i>Allegheny</i>
Accident or Suicide <i>True</i>	

Heath's dening
Feb: - 1909

~~L. Gardner~~
~~Decy~~
Lumberland
md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barbara Estelle Crump</i>		Town <i>Grahamtown</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1909	Month	2	Day	6	Age	Years <i>—</i> Months <i>5</i> Days <i>15</i>
Sex	<i>X</i>	Color or Race	<i>W</i>	Birth-place		<i>Maryland</i>	
Occupation	<i>None</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>William H. H. Crump</i>			Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name			<i>Annie Margaret Peterson</i>			Mother's Birthplace <i>Maryland</i>	
Name of person giving information			<i>W. H. H. Crump</i>			How related to deceased <i>Sister</i>	

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>28 Days</i>
Immediate	<i>Yes</i>	How long	<i>28 Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. O. McLane</i>	
		Address <i>Frostburg Md</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Forestburg* *Alley* CountyDate of death *1909* *9* *1st* *8* *8* *38* *7* *30* Months DaysSex *Female* Color or Race *White* Birth-place *Madison*Occupation *Housewife* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *James E. Dando*Father's Name *John Harris* Father's Birthplace *England*Mother's Maiden Name *Mary Ann* Mother's Birthplace *England*Name of person giving information *James E. Dando* How related to deceased *Husband*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONERPrimary *Pneumonia* How long *2 weeks*Immediate *"* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. B. Smith*Address *Forestburg Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Decd at *Cumberland* Town *Allegany* County **MARYLAND**

Date of death 1907 *2* Month *12* Day *53* Age *53* Years Months Days

Sex *Female* Color or Race *White* Birth-place *New York N.Y.*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Geo. D. Drashilds*

Father's Name *John Hazelton* Father's Birthplace *New York N.Y.*

Mother's Maiden Name *Katherine Campbell* Mother's Birthplace *" " " " "*

Name of person giving Information *Husband.* How related to deceased

CAUSES OF DEATH

120
How long *4 Weeks*
How long

Primary *Bright's disease*
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Butler

Rose Hill.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Diad at					
Date of death	1909	Month	2	Day	10
Age	4	Years		Months	2
Sex	Male	Color or Race	Colored	Birth-place	Cumberland
Occupation	Where Residing if not at place of death				

Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	_____
Father's Name	<i>Wm Edmundson</i>	Father's Birthplace	<i>Cumbland</i>
Mother's Maiden Name	<i>Sarah</i>	Mother's Birthplace	<i>Unknown</i>
Name of person giving Information	<i>Wm Edmundson</i>	How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	Typhoid fever	How long	14 days
Immediate	pneumonia	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. J. C. Harn, Jr.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Address	104 N. Michigan
Accident or Suicide			

YSLB

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James St Elliott*

Town *Shattown* County *Alleghany* MARYLAND

Died at *Shattown*

Date of death 190 *9* Month *2* Day *2* Age *89* Months *11* Days *22*

Sex *Male* Color or Race *White* Birth place *Cumberland Md*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or widowed *Married* Name of Wife or Husband *Mary Elliott*

Father's Name *Thomas Elliott* Father's Birthplace *Cumberland Md*

Mother's Maiden Name *Mary Miller* Mother's Birthplace *" " "*

Name of person giving Information *Mary Elliott* How related to deceased *wife*

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary *died sitting in chair* How long

Immediate *Heart failure* How long

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *G. A. Maize* Address *Cumberland Md*

Accident or Suicide

Hafer.

Mt. Savage Cem.

Name

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

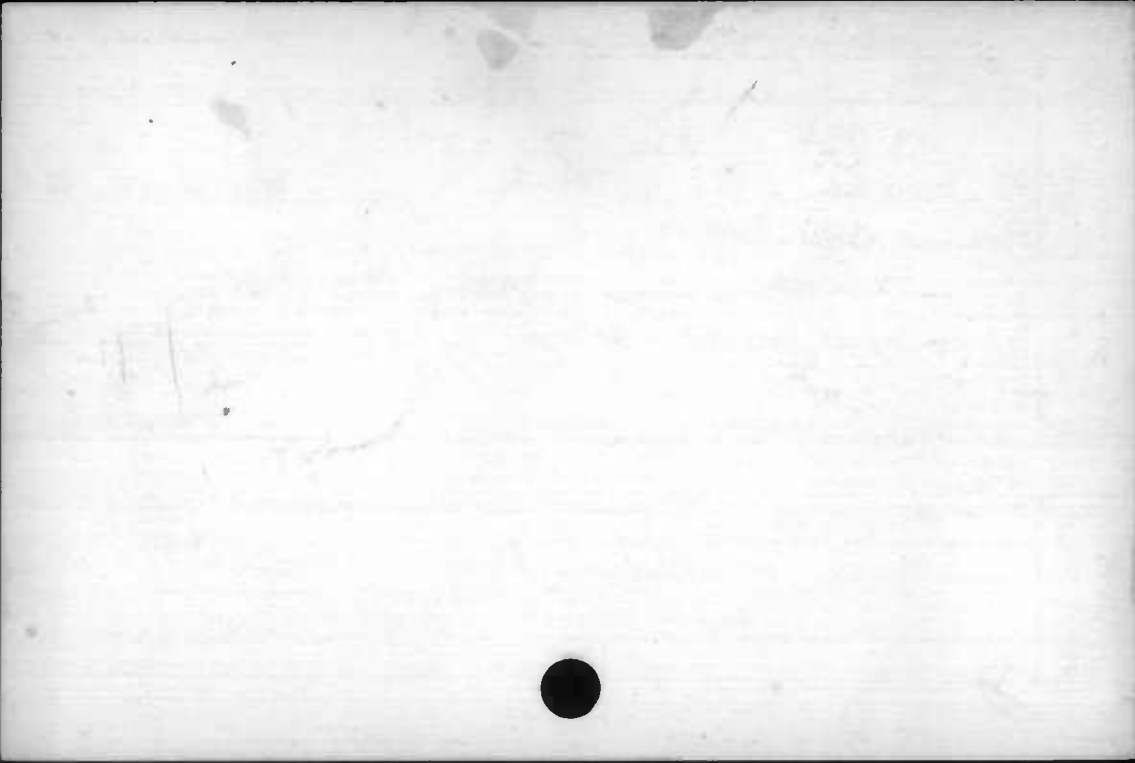
Died at Hrostburg ^{Town}		Ally ^{County}		MARYLAND	
Date of death 1909	9 ^{Month}	22 ^{Day}	Age 5 ^{Years}	11 ^{Months}	15 ^{Days}
Sex Male	Color or Race White		Birth-place Hrostburg		
Occupation School boy			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name John Q. Evans			Father's Birthplace Md.		
Mother's Maiden Name Annie C. Fisher			Mother's Birthplace Md.		
Name of person giving information John Q. Evans			How related to deceased Father		

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary Cerebral Meningitis	How long 3 days
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. J. L. Guroy
J	Address Hrostburg Md.
Accident or Suicide?	



Name
in
Full

Charles Fields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumtarsana Orange MARYLAND
 Date of death 1909 Feb 21 Age 43
 Sex Male Color or Race Colored Birth-place W. Va
 Occupation House cook Where Residing if not at place of death New Jersey
 Merriad, Single or Widowed Married Name of Wife or Husband Stella Fields
 Father's Name Unknown Father's Birthplace D. D.
 Mother's Maiden Name Harriet Fields Mother's Birthplace " "
 Name of person giving Information Horace Mitchell How related to deceased Step Father

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary Dropsy - How long Six wks.
 Immediate Cardiac Failure How long 2 wks.
 Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician Spurgeon H. Harts
 Address X 104 N. Mechanic
 Accident or Suicidal no

#26 Ann St.

Name
in
Full

CERTIFICATE OF DEATH

Inf. Mr & Mrs Wm Frazier

Town

County

MARYLAND

Died at

Cumberland

Calvert

Date

of death

1909 Feb.

Month

Day

14

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Cumt

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Wm Frazier

Father's
Birthplace

Wash. D.C.

Mother's
Maiden Name

Rose Lindsay

Mother's
Birthplace

Annapolis

Name of person giving
Information

Wm Frazier

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature labor

How long

6 1/2 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Surgeon General

Address

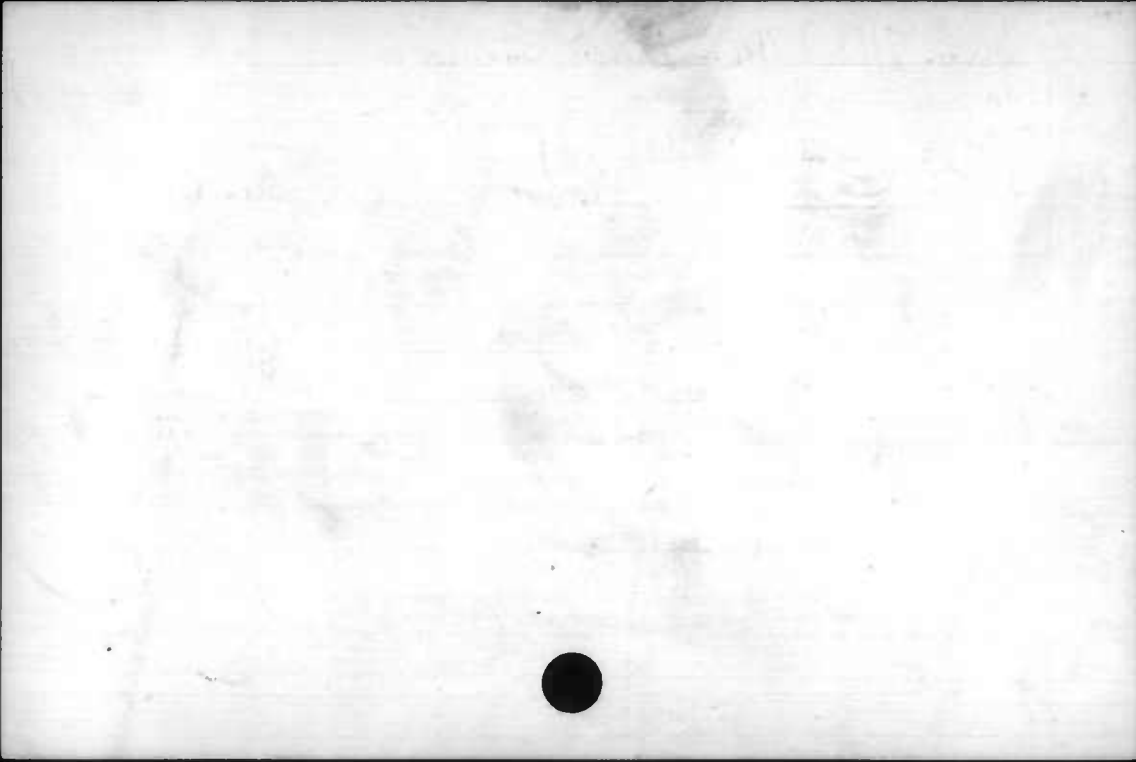
104 N. McClunian

Accident or Suicide

Stue

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND
	Date of death	<u>1909</u> ^{Month} <u>Feb</u> ^{Day} <u>13</u>	<u>73</u> ^{Years}	<u>7</u> ^{Months}	<u>2</u> ^{Days}
	Sex	<u>Male</u>	Color or Race	<u>White</u>	
	Occupation	<u>Retired B+O- Holder</u>		Where Residing if not at place of death	
	Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>Mary Hughes</u>	
	Father's Name	<u>Henry Friskey</u>		Father's Birthplace	<u>Germany</u>
	Mother's Maiden Name	<u>Lora</u>		Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>Jennie Friskey</u>		How related to deceased	<u>Daughter</u>	
	<div style="display: flex; justify-content: space-between;"> ✓ <div> CAUSES OF DEATH <div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px;"> 64 </div> </div> </div>				
PHYSICIAN OR CORONER	Primary	<u>thrombosis of Arteries</u>		How long	
	Immediate	<u>Cerebral Hemorrhage</u>		How long	<u>4 days</u>
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician	<u>Dr. L. Owens</u>
	Address		<u>Cumberland Md</u>		
	Accident or Suicide?		<u>no</u>		

Martinsburg W. Va

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

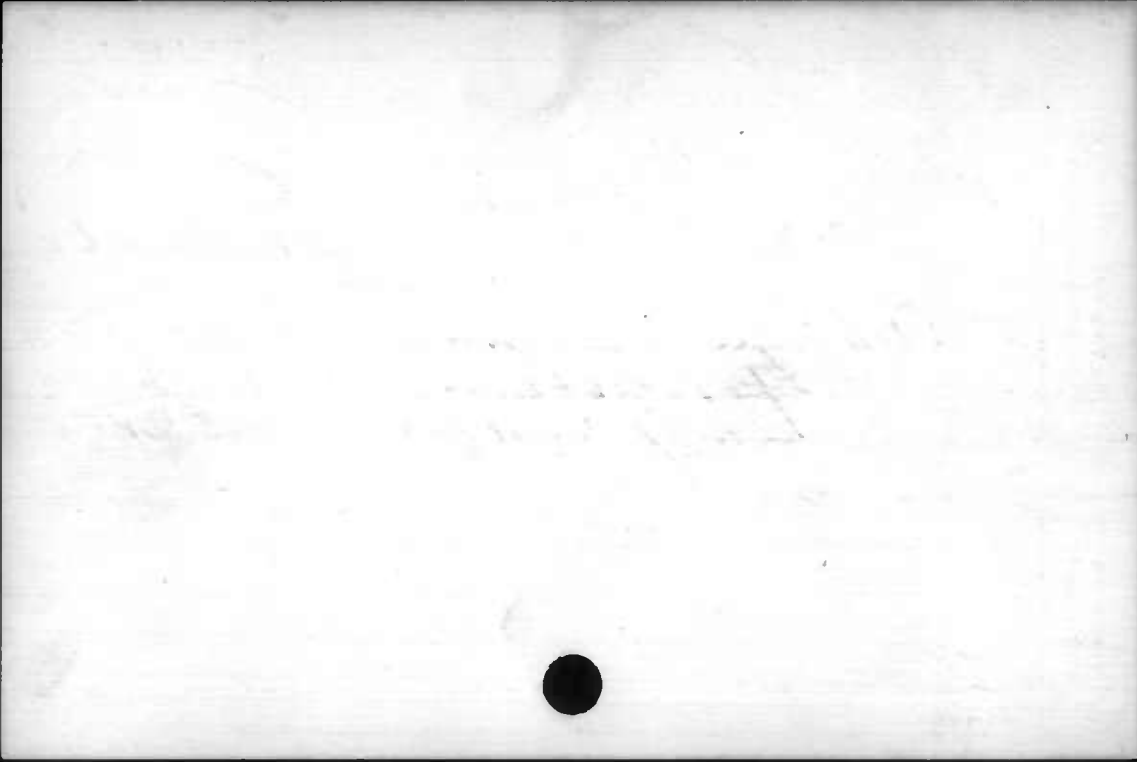
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		2	9	0	0	2	0
Sex	Female	Color or Race	White	Birth-place	Cumberland		
Occupation	Infant		Where Residing if not at place of death				
Cumberland		Cumberland					
Married, Single or Widowed	Single		Name of Wife or Husband				
None		None					
Father's Name	Olanna A. Upshant		Father's Birthplace				
Unknown		Unknown					
Mother's Maiden Name	Buby H. Upshant		Mother's Birthplace				
Cumberland		Cumberland					
Name of person giving Information	Mary Carbin		How related to deceased				
Daughter		Daughter					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Unknown (Found dead in bed)	How long	Several hours
Immediate	Unknown	How long	Several hours
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
yes		E. S. Duke	
Found between Grand 10 am - in bed		Address	
alone -		Cumberland Md	
Accident or Suicide			
ok. J. M. Muts, Coroner			



Name
in
Full

Infant of Paul Goldsworthy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

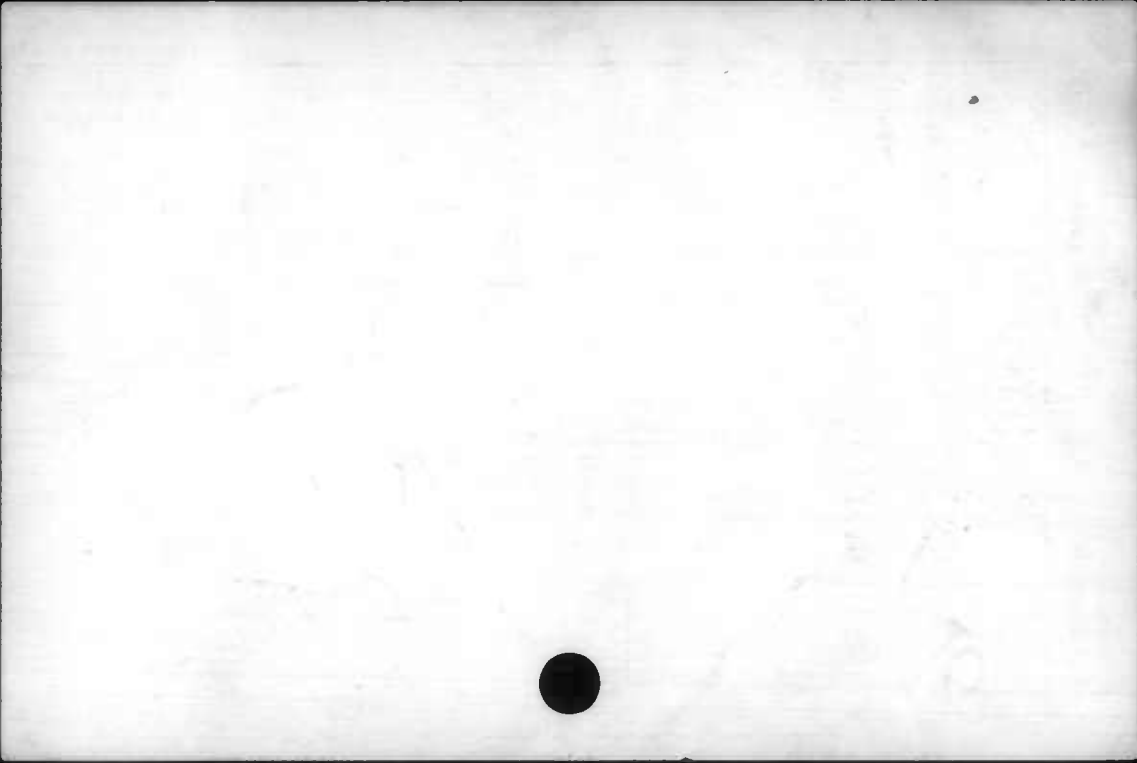
Died at <u>Lake</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>July</u> ^{Month} <u>28</u> ^{Day}		Age <u>7 1/2</u> ^{Years}		<u>1</u> ^{Months} <u>1</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>W</u>		Birth place <u>Allegheny</u>	
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Paul Goldsworthy</u>		Father's Birthplace <u>W Va</u>			
Mother's Maiden Name <u>Anna H. H. H.</u>		Mother's Birthplace <u>W Va</u>			
Name of person giving Information <u>Paul Goldsworthy</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Brain aneurysm</u>		How long <u>3 M</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. F. F. F.</u>
Address <u>...</u>		
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Larger Hamlet
 Died at *Canny Home Bnld* *Allegany*
 Town County
 Date of death 1909 *July* *2* Age *49*
 Month Day Years Months Days
 Sex *male* Color or Race *colored* Birthplace *Old Va*
 Occupation *Laborer* Where Residing if not at place of death *-*

MARYLAND

Married, Single or Widowed *Single* Name of Wife or Husband *-*
 Father's Name *Do not know*
 Mother's Maiden Name *Do not know*
 Name of person giving Information *Peter Wilson*

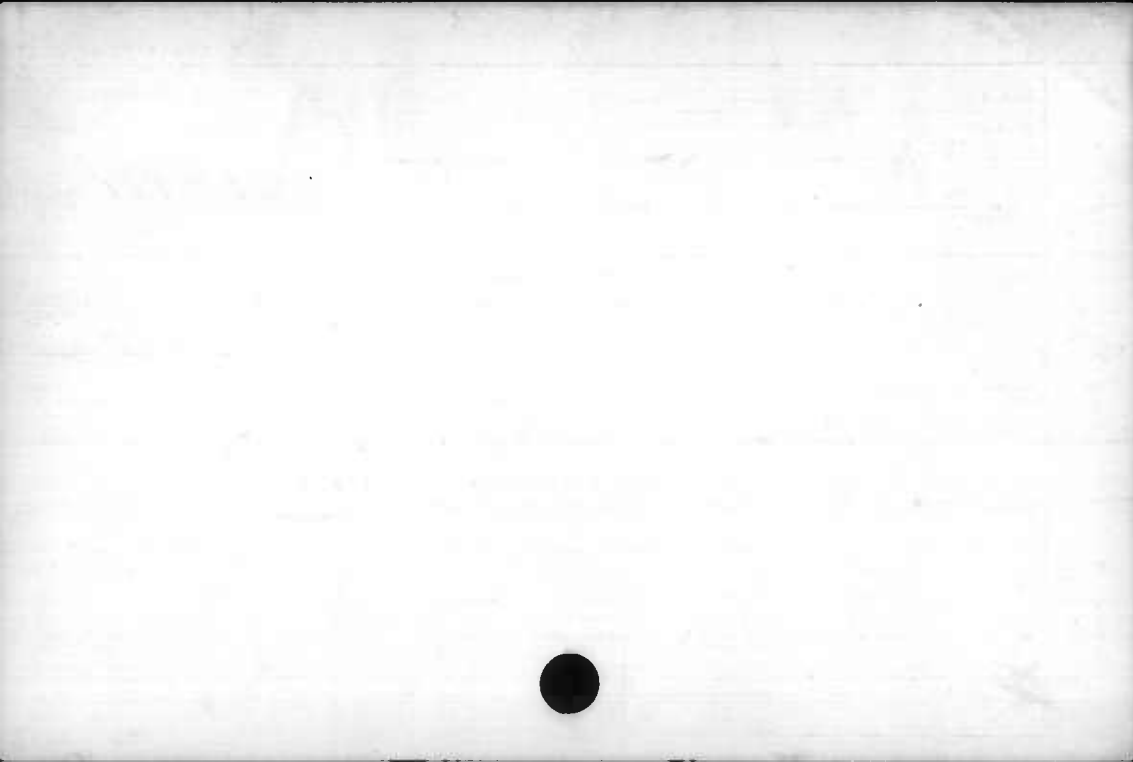
Father's Birthplace *Do not know*
 Mother's Birthplace *Do not know*
 How related to deceased *Steward*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Inguits des* *2 yrs*
 Immediate *exhaustion* *4 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *W. F. D... 991*
 Address *Cumtland*
 Accident or Suicide



Name
in
Full

Maud Hansell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

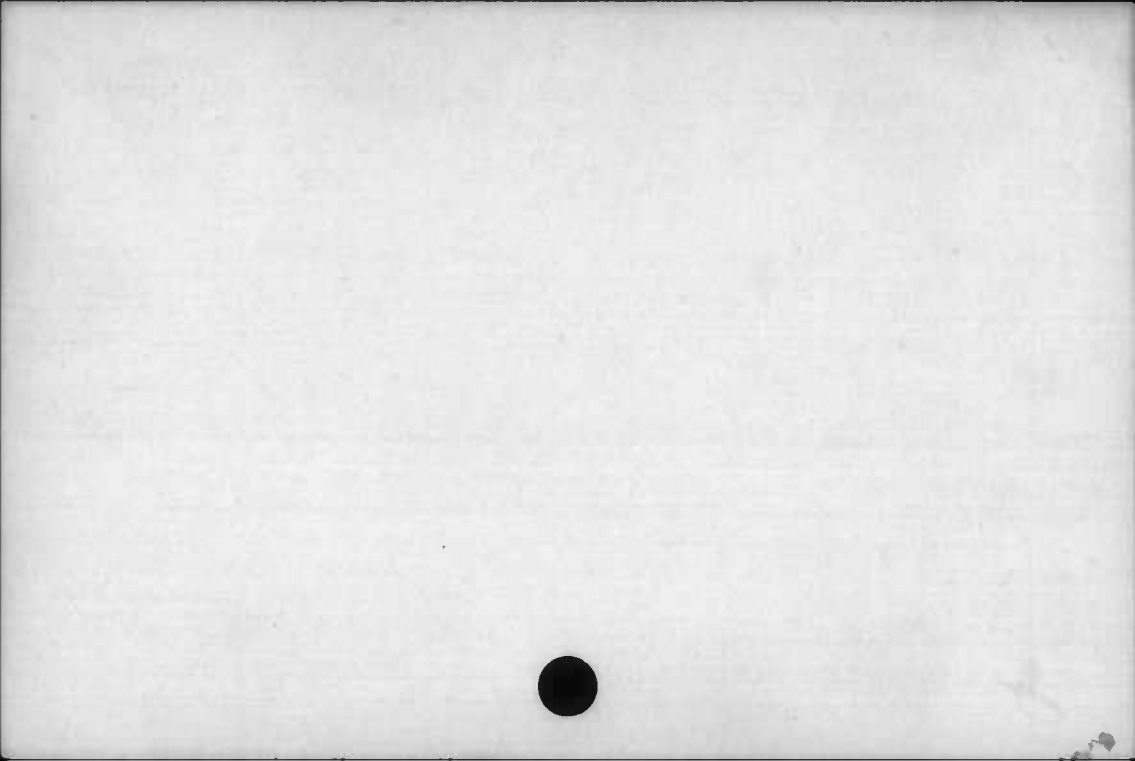
Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death	1909	Month Feb	Day 7	Age 38	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation Teacher - Piano.			Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		George M. Hansell				Father's Birthplace	
Mother's Maiden Name		Hester Koonitz				Mother's Birthplace	
Name of person giving information		Solomon Hansell				How related to deceased	
						Uncle	

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	Progressive anemia		How long	Several months
Immediate	Macroglossia		How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Abbott R. Walker	
			Address	
			Frostburg.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas V Hayes

Died at ^{Town} Cumberland ^{County} Allegany MARYLANDDate of death 1909 ^{Month} July ^{Day} 27 Age ^{Years} 68 ^{Months} - ^{Days} -

Sex male Color or Race White Birth-place Cumberland

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Edmund Hayes Father's Birthplace Do not know

Mother's Maiden Name Sicilie Reed Mother's Birthplace Cumberland

Name of person giving Information James Reed How related to deceased Cousin

CAUSES OF DEATH

178

Primary Heart Dead How long

Immediate Heart failure How long

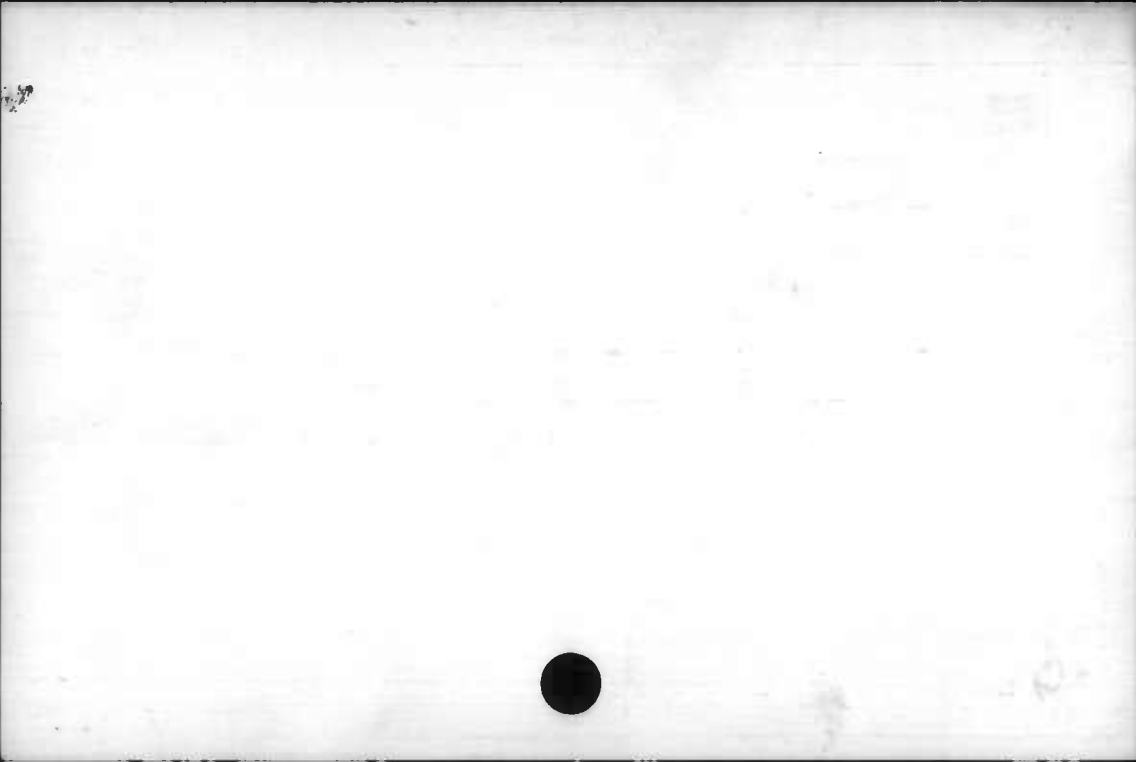
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. H. Waitz

Address Cumberland Md.

Accident on Enroute

PHYSICIAN
OR CORONER



Name
in
Full

Herbit H. Helfrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		County		MARYLAND	
Date of death 1909		Month	Day	Age	Years	Months	Days
Feb		12					14
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>			
Occupation <i>-</i>		Where Reiding if not at place of death <i>Cumberland</i>					
Merried, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>non</i>					
Father's Name <i>Henry Helfrich</i>		Father's Birthplace <i>md</i>					
Mother's Meiden Nama <i>Maria Gallagher</i>		Mother's Birthplace <i>md</i>					
Nama of person giving Information <i>Maria Gallagher</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis -</i>	How long	<i>3-days.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician <i>M. Catherine Brull</i>		Address <i>23- Little Frederick St. City.</i>	
Accident or Suicide			

Bull

Hudson, T. Holford

MARYLAND

Date of death 1909

Day 15

Age

Years

Months

Days

Sex _____
Occupation _____

Color or Race

White

Birth-
place

Cumberland

Where Residing if not
at place of death

Cumberland

Married, Single
or Widowed

Simple

Name of Wife or
Husband

Father's Name

Henry Halbrex

Father's Birthplace

227

Mother's
Maiden Name

Alvin Wellhofer

Mother's
Birthplace

1 2

Name of person giving information

Minor / Gaelic

How related
to deceased

matter

CAUSES OF DEATH

90

Primary

Branchio-

Prolog

2 miles

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

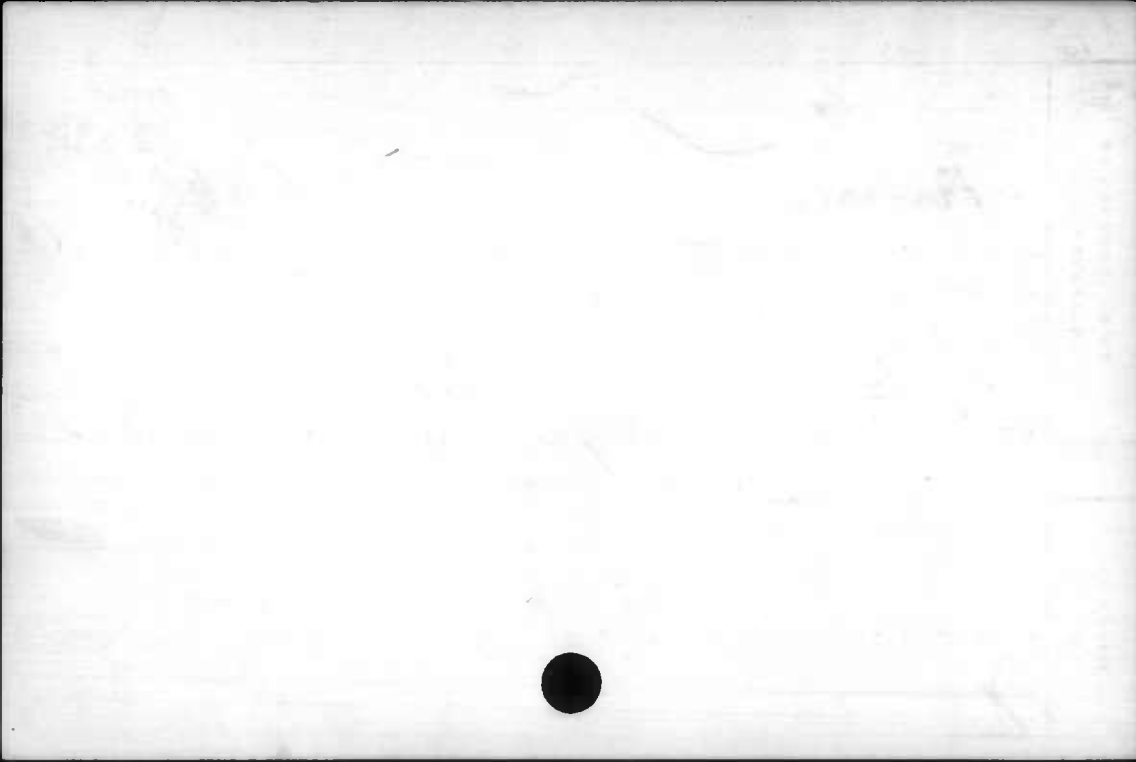
Signature of
Physician

W. L. Allen in Bull.

Address

25-Little Frederick St
Cambridge, Mass

Accident or Suicide



Name
in
Full

Wesley Hodder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Timberland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	1909	Month	2	Day	28
Age	<i>6</i>		Years	<i>6</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	-----		Birth-place	<i>Timberland</i>	
Where Residing if not at place of death			-----		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	-----	
Father's Name	<i>H. E. Hodder</i>		Father's Birthplace	<i>Timberland</i>	
Mother's Maiden Name	<i>Mary E. Nelson</i>		Mother's Birthplace	<i>Scotland</i>	
Name of person giving Information	<i>W. E. Hodder</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Emphysema</i>	How long	<i>6 mrs</i>
Immediate	<i>Exhaustion</i>	How long	-----
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. H. Franklin</i>
Address	<i>Timberland</i>		<i>Md</i>
Accident or Suicide	-----		

Heaths during
Feb - 1909

J. Lander

Cambridge

M.L.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James P Hussey

Town

County

Died at

Cumberland

Alligany

MARYLAND

Date
of death

1909

Month

Feb

Day

5

Years

Age 26

Months

7

Days

—

Sex

male

Color or
Race

White

Birth-
place

Pa.

Occupation

Bar tender

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

James Hussey

Father's
Birthplace

Ohio

Mother's
Maiden Name

Hettie Fock

Mother's
Birthplace

Md

Name of person giving
Information

James Hussey

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

4 wks

Immediate

Meningitis

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

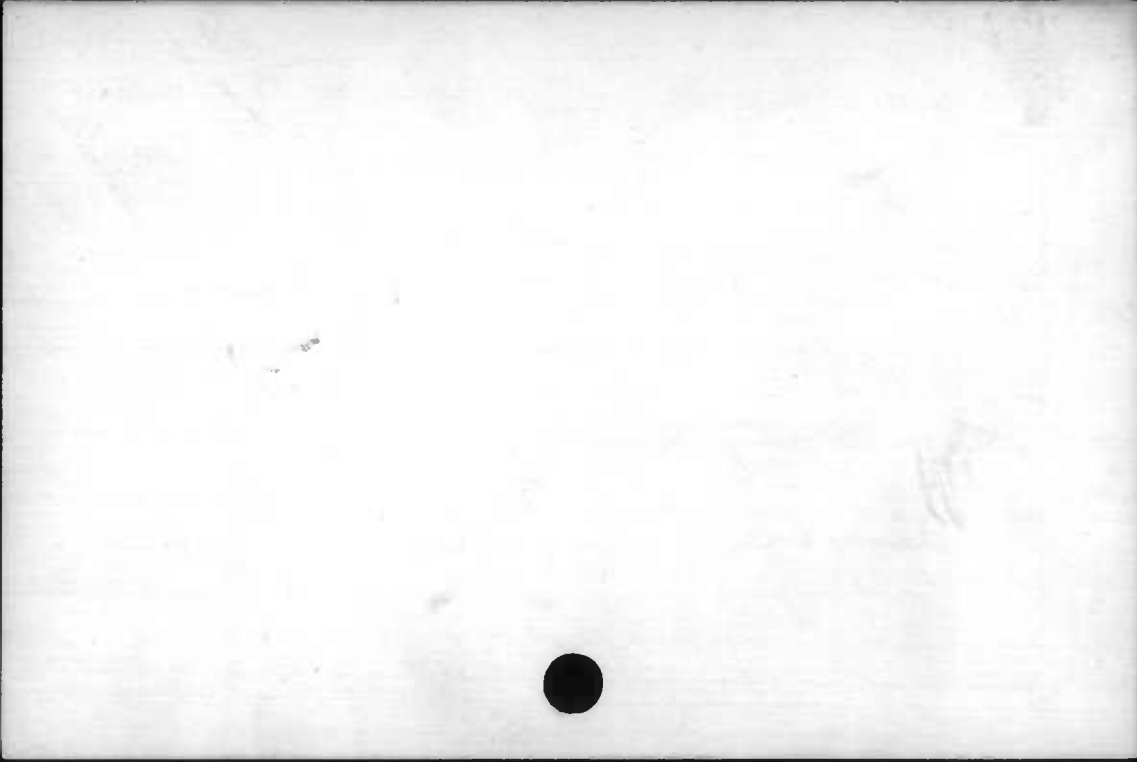
Signature of
Physician

Address

W. F. Twigg,
Cumberland,
Md.PHYSICIAN
OR CORONER

J. L. Stein

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Samuel Johnson

Town

County

MARYLAND

Died at Cumberland

Allegany

Date

of death

1909

Month

July

Day

12

Year

Age

79

Months

8

Days

→

Sex

Male

Color or
Race

White

Birth-
place

Thiystone Md

Occupation

Coach Trimmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
Husband

Cemie. M Johnson

Father's
Name

James Johnson

Father's
Birthplace

Do not know

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Do not know

Name of person giving
Information

J H Johnson

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

5 days

Immediate

Paralysis

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

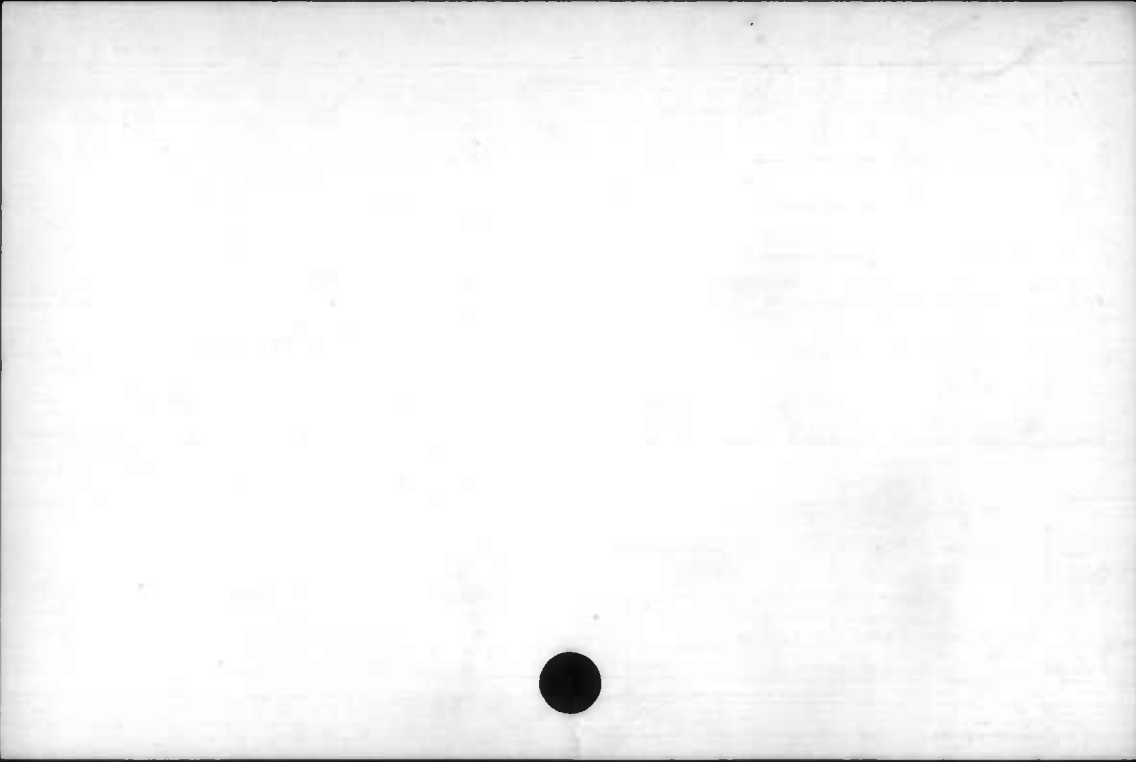
Address

J. H. Johnson

J. H. Johnson
Cumberland Md

Natural or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lewis W. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death	1909	Month	Feb	Day	10
Age	29	Years	7	Months	-
Sex	male	Color or Race	white	Birth-place	Cumberland Md
Occupation	Barber		Where Residing if not at place of death -		
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	John W. Jones			Father's Birthplace	Washington D.C.
Mother's Maiden Name	Mary Bell			Mother's Birthplace	Frederick Md
Name of person giving Information	Mrs Mary Jones			How related to deceased	Mother

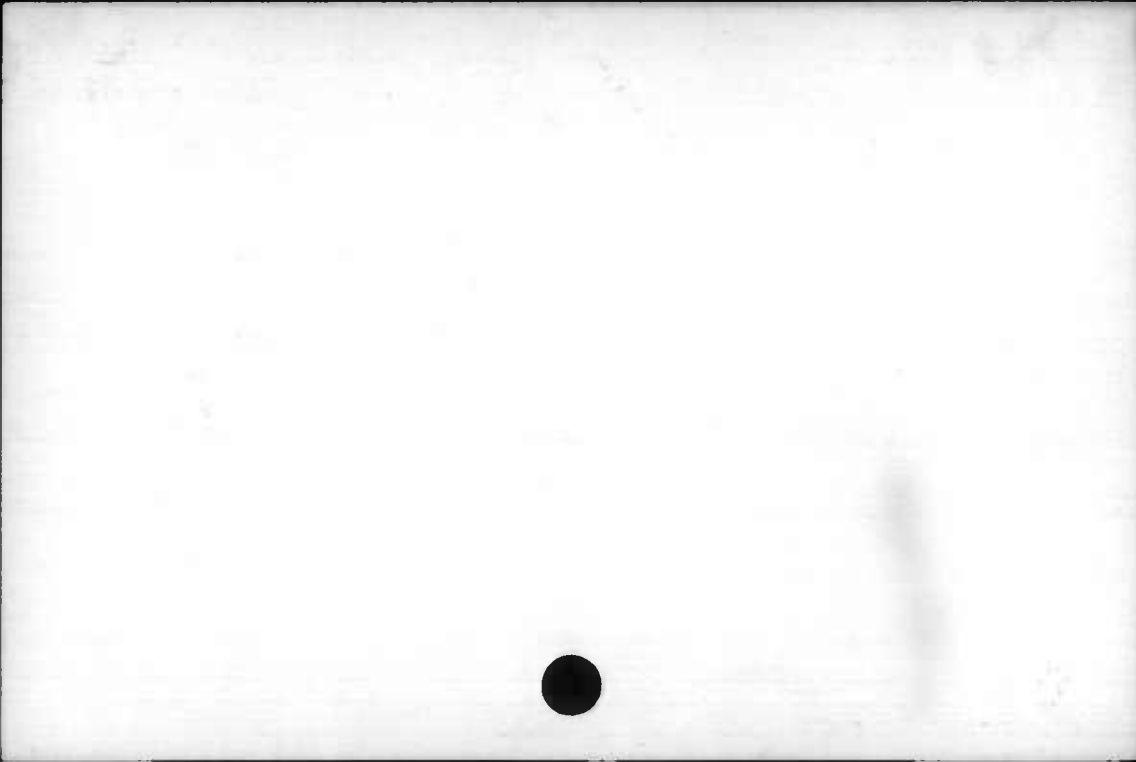
CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary	General Tuberculosis	How long	6 months
Immediate	Exhaustion	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. V. Dure
		Address	Cumberland Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

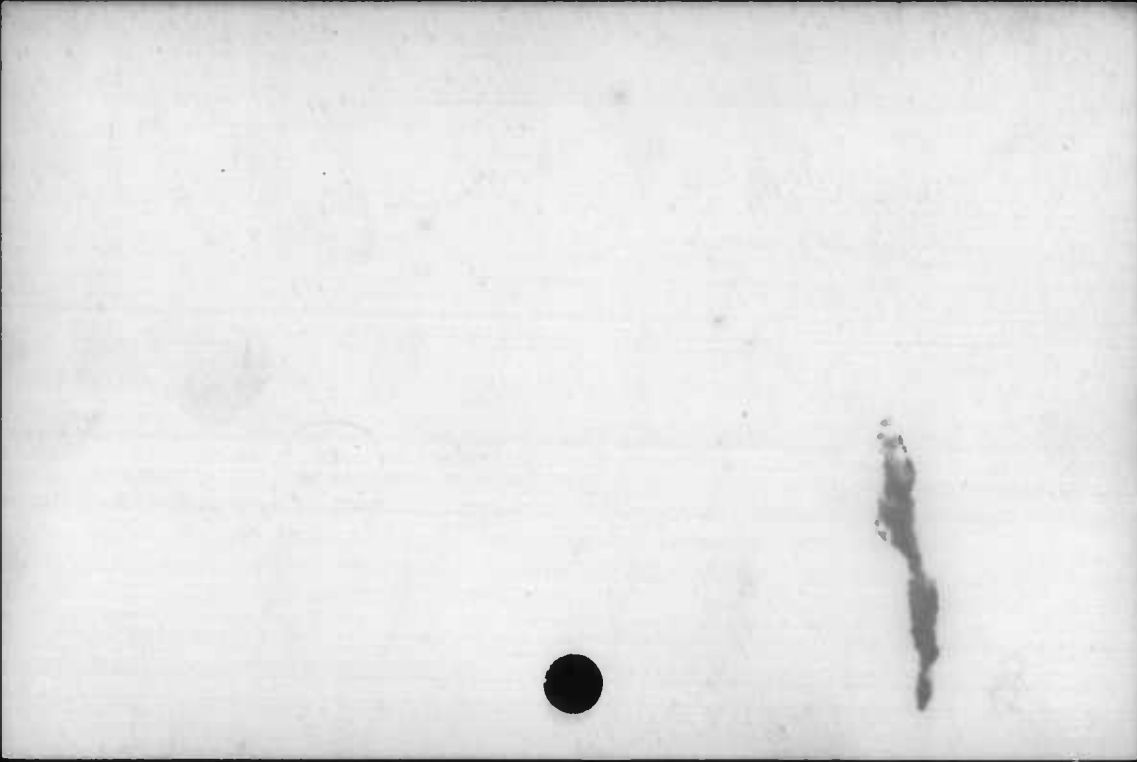
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Kline -</i> ^{County}		MARYLAND	
Date of death	1909	Month	Feb	Day	27
Sex <i>Boy</i>		Color or Race <i>white</i>		Age	Years _____ Months _____ Days <i>1</i>
Occupation _____		Birth-place <i>City</i>		Where Residing if not at place of death _____	
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>H. B. Kline</i>		Father's Birthplace <i>Columbia Co. Pa</i>			
Mother's Maiden Name <i>Nevia Davis</i>		Mother's Birthplace <i>Columbia Co. Pa</i>			
Name of person giving information <i>H. B. Kline</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born.</i>	How long	<i>8</i>
Immediate	<i>Still Born.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. B. Barbdoll</i>	Address <i>Cumberland Md</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

1909

Month

Feb.

Day

6

Age

Years

81

Months

9

Days

19

Sex

Female

Color or
Race

White

Birth-
place

Unknown

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Martin Knapp

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

George Dunch

How related
to deceased

Grandson

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Senile Debility

How long

Several years

Immediate

Cardiac exhaustion

How long

Short time

Are the name, age, sex, color, date
and place correctly given above?

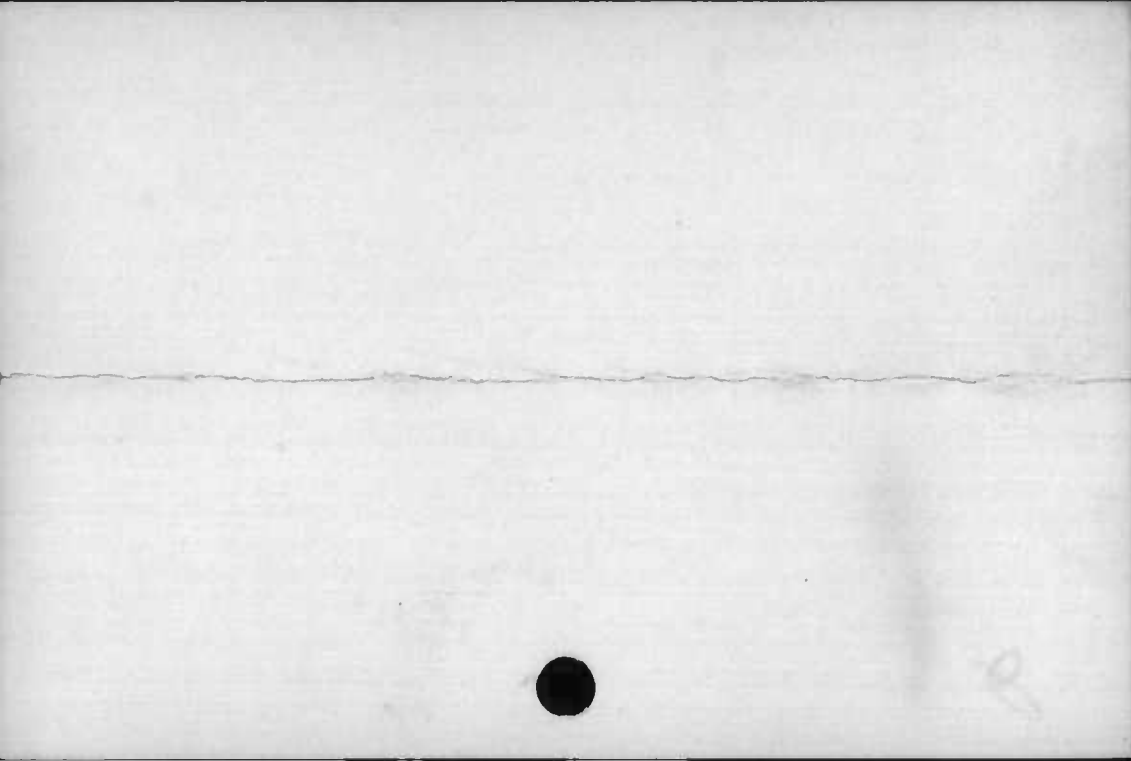
Yes

Signature of
Physician

Address

C. C. Coker
Frostburg, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margarette Landwhere

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date

of death 1909

Month

July

Day

6

Age

Years

80

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

retired

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Wm. Landwhere

Father's
Name

Patrick McEann

Father's
Birthplace

Ireland

Mother's
Maiden Name

Alice McKaig

Mother's
Birthplace

Ireland

Name of person giving
Information

Mrs May Doerner

How related
to deceased

Daughter

CAUSES OF DEATH

154

Primary

General exhaustion

How long

some time

Immediate

How long

Are the name, age, sex, color, date
and place correctly given?

Yes

Signature of
Physician

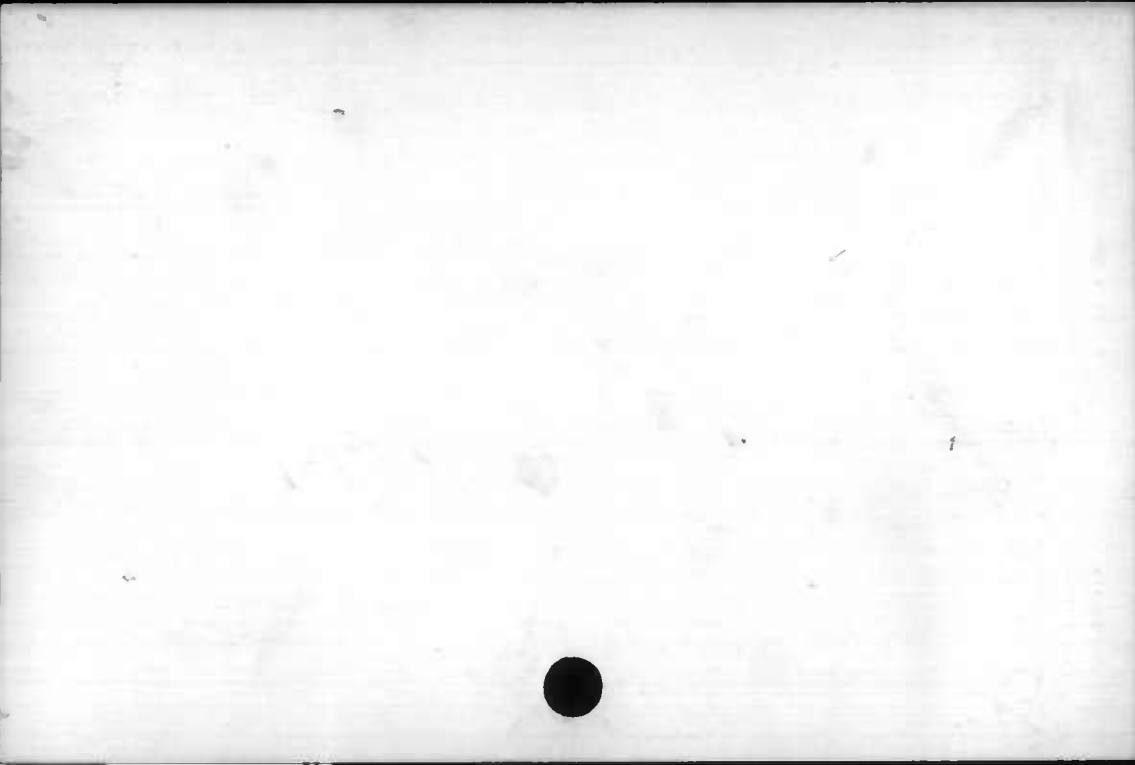
W. W. Wiley

Address

Cumberland

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Irvin Lashbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Allegany ^{Town} Ally ^{County}
 Date of death 1909 ^{Month} Feb ^{Day} 4 ^{Age} 2 ^{Years} 6 ^{Months} 6 ^{Days}
 Sex Male Color or Race White Birth-place Md
 Occupation r Where Residing if not at place of death ✓

Married, Single
or Widowed ✓Name of Wife or
Husband ✓Father's
NameHarmon Lashbaugh JrFather's
BirthplaceMdMother's
Maiden NameJulia PorterMother's
BirthplaceMdName of person giving
InformationHarmon Lashbaugh SrHow related
to deceasedGrandfather

CAUSES OF DEATH

(93)

Primary

Pneumonia

How long

2 days

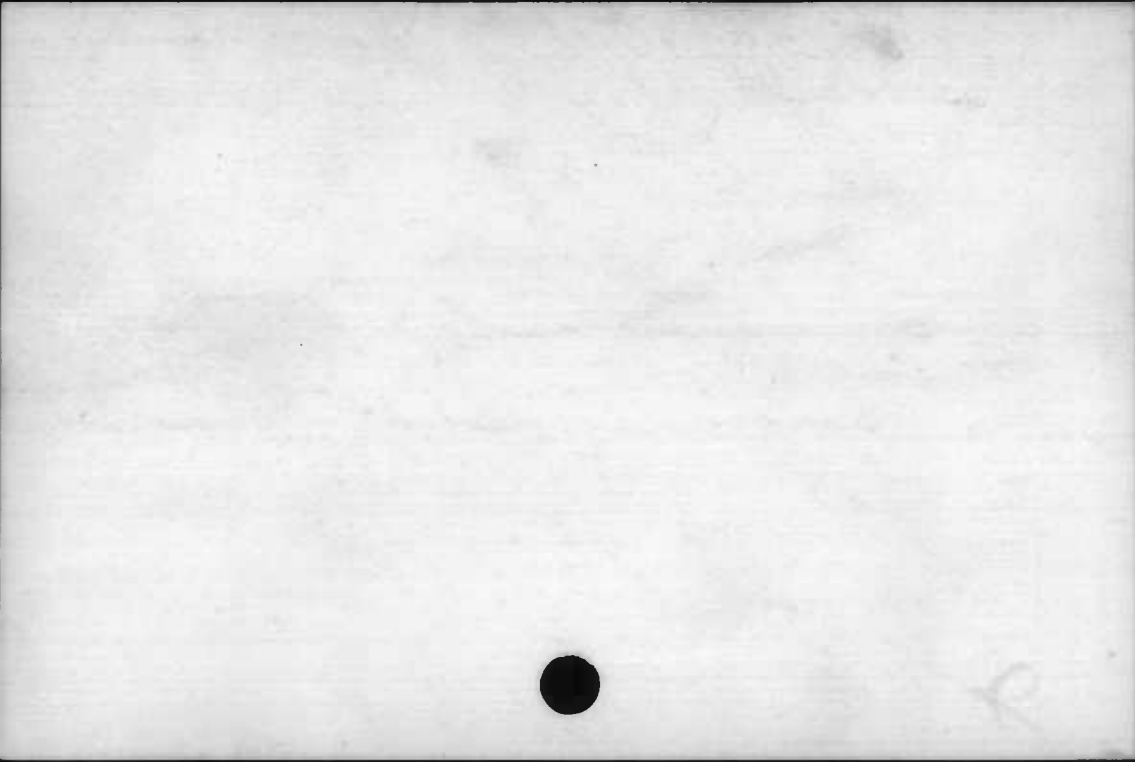
Immediate

Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianE. L. Conroy Md

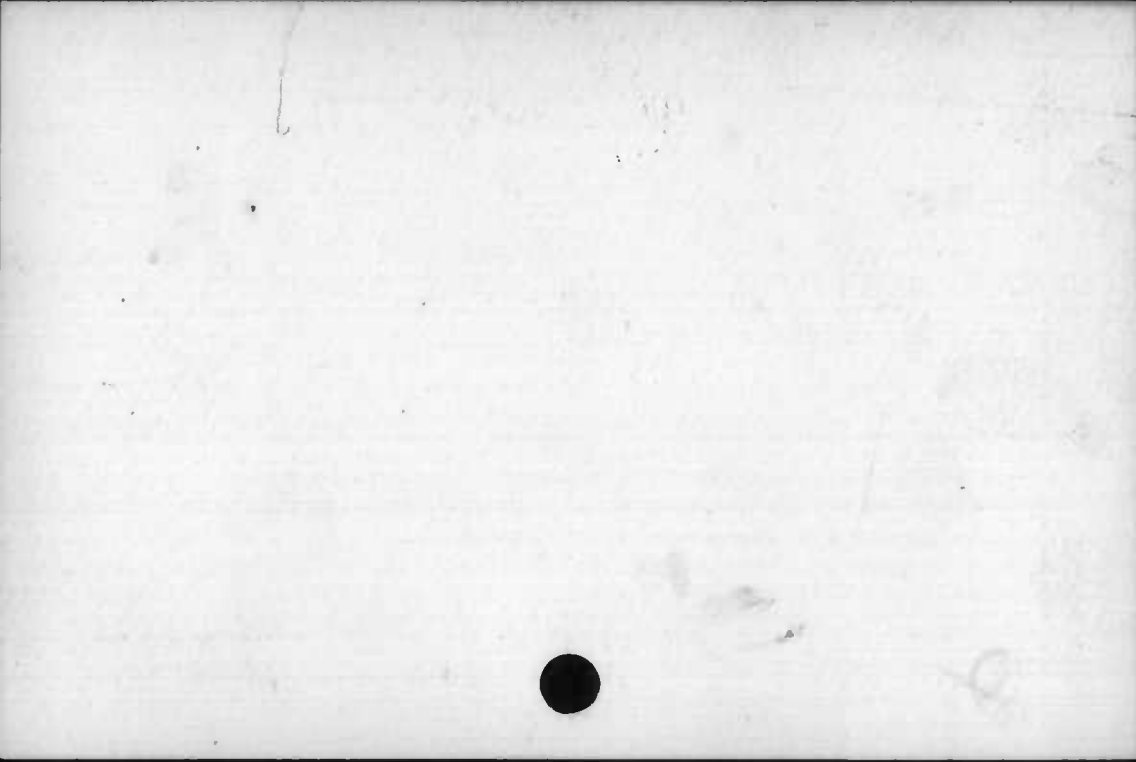
Address

Firstburg Md

Accident or Suicide?



Name in Full		Certificate of Death			
Rebecca Jane Long		Maryland			
Died at North Branch		County Allegany			
Date of death 1909		Month February		Day 8	
Age 83		Years 83		Months 2	
Sex Female		Color or Race white		Birthplace Nicholas Long	
Occupation none		Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Nicholas Long			
Father's Name David Gibson		Father's Birthplace Va			
Mother's Maiden Name Nancy Gibson		Mother's Birthplace Va			
Name of person giving information Mrs Mary E Valentine		How related to deceased Daughter			
		CAUSES OF DEATH			
Primary Pneumonia		How long One month			
Immediate Exhaustion		How long One wk,			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. P. L. Owens.			
Address		Zimbabwe			
Accident or Suicide?		No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Malillo McLaughlin* Town *Cumberland* County *Allegheny* MARYLAND

Died at *Cumberland* Date of death 1909 *2* Month *1* Day *61* Age *61* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Ind.*

Occupation *Housewife* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Widow* Name of Wife or Husband *John McLaughlin*

Father's Name *Edward Rice* Father's Birthplace *Unknown*

Mother's Maiden Name *Mary Tabernacles* Mother's Birthplace *Unknown*

Name of person giving Information *Samuel Rice* How related to deceased *Brother*

PHYSICIAN
OR CORONER

Empyema. sup. P. CAUSES OF DEATH 94

Primary *Pleural Effusion Infected* How long *months*

Immediate *24 hours* How long *weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. W. Jochimsen*

J. C. H. Address *Cumberland Md.*

Accident or Suicide



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

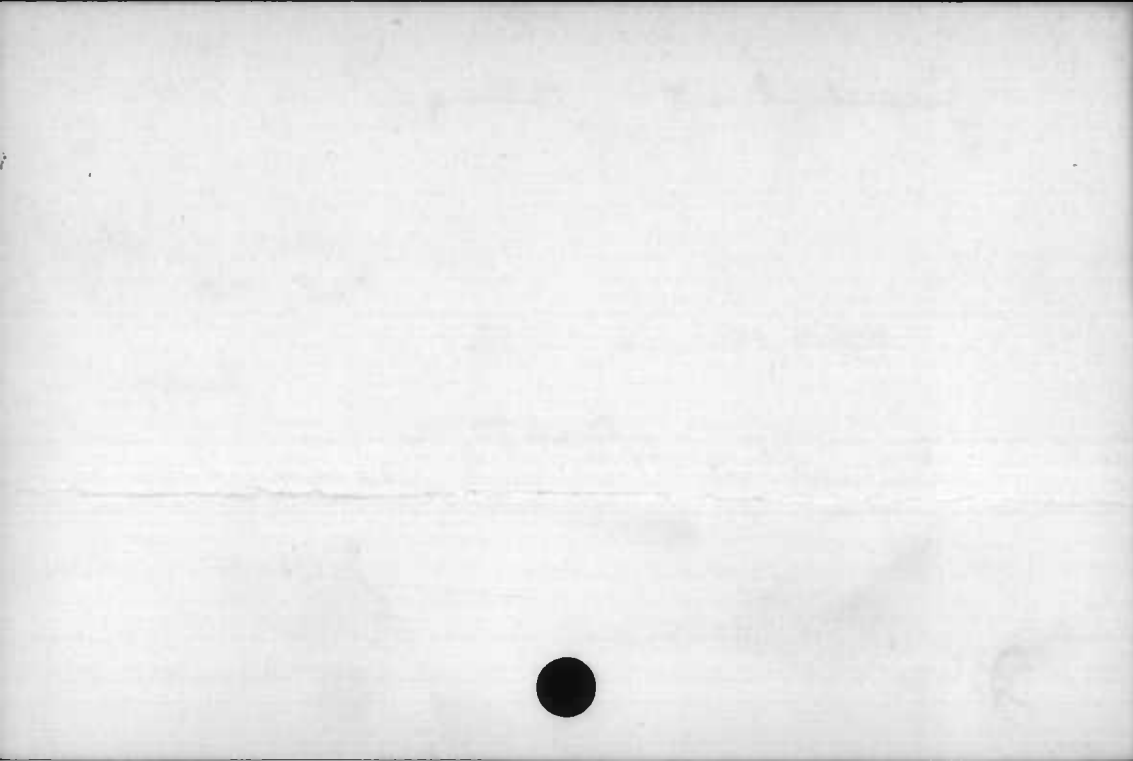
Died at <i>Kilmore</i> Town		<i>Mansfield</i> County		MARYLAND	
Date of death	<i>9</i> Month <i>2</i> Day <i>8</i>	Age	<i>—</i> Years	<i>4</i> Months	<i>3</i> Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Kilmore Md</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>Kilmore Md</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>John Mansfield</i>			Father's Birthplace	<i>Boston Md</i>
Mother's Maiden Name	<i>Miss Mary Braden</i>			Mother's Birthplace	<i>Boston Md</i>
Name of person giving information	<i>Miss Mary Braden</i>			How related to deceased	<i>mother</i>

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Obtuse Compressed Brain</i>	How long	<i>6 mo</i>
Immediate	<i>Concussion</i>	How long	<i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Carter</i>	
<i>Yes</i>		Address <i>Midland Md.</i>	
<i>J</i>			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William M. W. Allen* Town *Cumberland* County *Allen*
 Died at *Cumberland* *Allen*
 Date of death 1907 Month *2* Day *8* Age *70* Months *3* Days *0*
 Sex *Male* Color or Race *White* Birthplace *Lancaster*
 Occupation *Miner* Where Residing if not at place of death *Cumberland*
 Married, Single or Widowed *Married* Name of Wife or Husband *Mary M. -*
 Father's Name *Wm. M. W. Allen* Father's Birthplace *Unknown*
 Mother's Maiden Name *Olivia M. W. Allen* Mother's Birthplace *Ind*
 Name of person giving Information *Mary M. W. Allen* How related to deceased *Wife*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Nephritis + Valvular trouble - 1 year* How long
 Immediate *Exhaustion* How long *1 mo -*
 Are the name, age, sex, color, data and place correctly given above? *Yes*
 Signature of Physician *F. L. Bardsdale*
 Address *Cumberland Md.*
 Accident or Suicide

Moscow Ind

Name
in
Full

Robert C. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Frostburg		^{County} Allegany		MARYLAND							
Date of death	1909	Month	Feb.	Day	21	Age	46	Months		Days	
Sex	Male		Color or Race	White		Birth-place	Pa.				
Occupation	Constructing Engineer				Where Residing if not at place of death						
Married, Single or Widowed	Married		Name of Wife or Husband		Lottie Garcelon						
Father's Name	George W. Moore					Father's Birthplace	Pa.				
Mother's Maiden Name	Catherine Clark					Mother's Birthplace	Pa.				
Name of person giving information	Edward Moore					How related to deceased	Brother				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Cerebritis	How long	Long standing.
Immediate	Interstitial Nephritis	How long	Several months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Abbott R. Walker	
Address		Frostburg.	
Accident or Suicide?			



Name
in
Full

Clarence Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

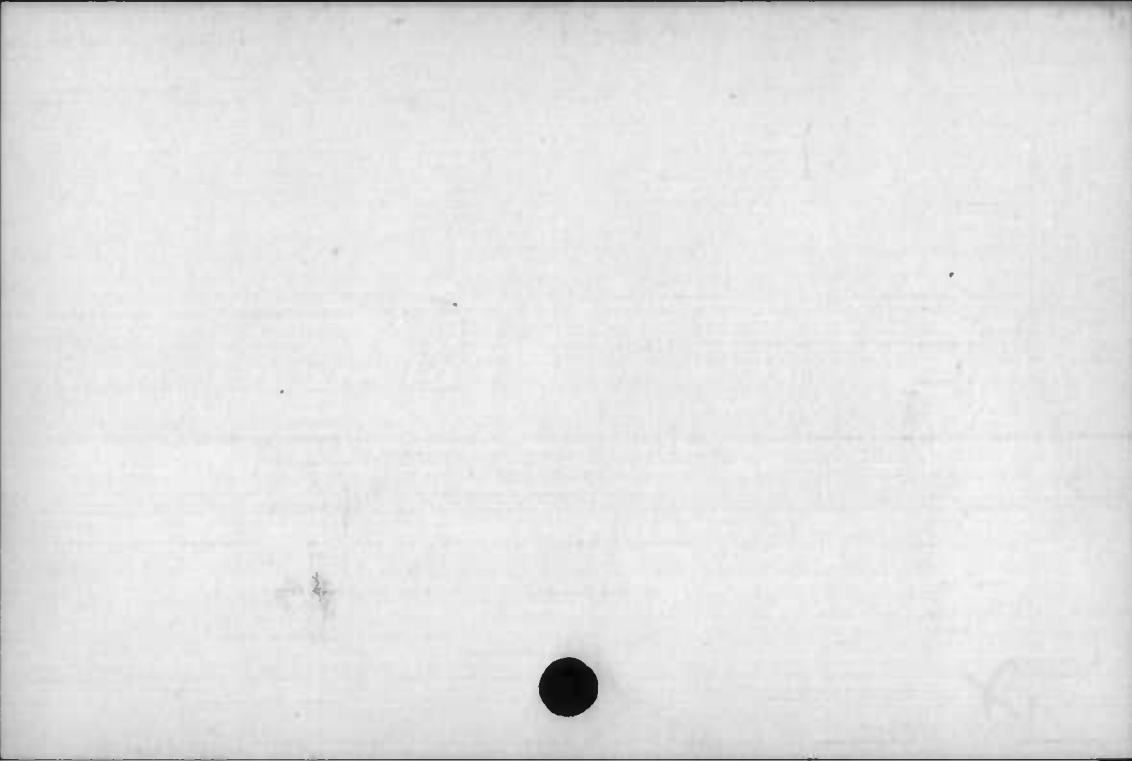
Died at <u>Cockhart</u> ^{Town}		<u>Alley</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month <u>Feb</u>	Day <u>6</u>	Age <u>1</u> Years	Months <u>21</u> Days <u>1</u>
Sex <u>M</u>	Color or Race <u>White</u>		Birth-place <u>Cockhart-Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Wm Morgan</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Rela Porter</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Owen Morgan</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <u>Bronchitis</u>	How long <u>5 days</u>
Immediate <u>Lung - know, died suddenly</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Smiff</u>
<u>8</u>	Address <u>Frostburg Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Selman Richards Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Frostburg ^{County} Allegany

Date of death 1909 February 14th Age 6 Months 11 Days 11

Sex male Color or Race white Birth-place Windber, Pa.

Occupation none Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband none

Father's Name William H Morgan Father's Birthplace Morris Run, Pa.

Mother's Maiden Name Gertrude E. Roach Mother's Birthplace Natona, Pa.

Name of person giving information W. H. Morgan How related to deceased father

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary Scabiate Fever How long 6 weeks

Immediate Nephritis - Urine How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician G. Griffith

Address Frostburg Md

Accident or Suicide?

Hafer.

McLuckys Cern. (Toronto)

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	1909	Month	2	Day	18
Age	27	Months		Days	
Sex	Male	Color or Race	White	Birthplace	Harvey Co W Va
Occupation	Air-inspector	Where Residing if not at place of death	Cumberland.		
Married, Single or Widowed	Married	Name of Wife or Husband	Hannah Mullen		
Father's Name	Scott Mullen	Father's Birthplace	Harvey Co		
Mother's Maiden Name	Hannah Mullen	Mother's Birthplace	W. Va		
Name of person giving Information	H. B. Lynch	How related to deceased	Brother in Law		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Shock following R. R. accident	How long	6 hours
Immediate	Shock following R. R. accident	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. H. Thaler M.D.
		Address	271. Michigan St Cumberland Md
Accident or Suicide	Accident		

Kemper Ma

Name
in Full

CERTIFICATE OF DEATH

Died at

Joanna M. O'Reilly -
Cumberland - Allegheny

MARYLAND

Date

of death

1909 2 18

Age

73 -

Years

Months

Days

Sex

Female

Color or Race

White

Birth-place

Ireland

Occupation

Housewife

Where Residing if not at place of death

Married, Single or-Widowed

Widowed

Name of Wife or Husband

James A. O. R.

Father's Name

Martin Bernay -

Father's Birthplace

Ireland

Mother's Maiden Name

Frederic Geoghegan

Mother's Birthplace

Name of person giving Information

Mrs John Reelme

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Arterio-sclerosis

How long

64

Don't know

Immediate

Apoplexy

How long

11 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

J. W. Johnson

Address

Cumberland, Md.

Accident or Suicide

Norchester Mass

Name
in
Full

CERTIFICATE OF DEATH

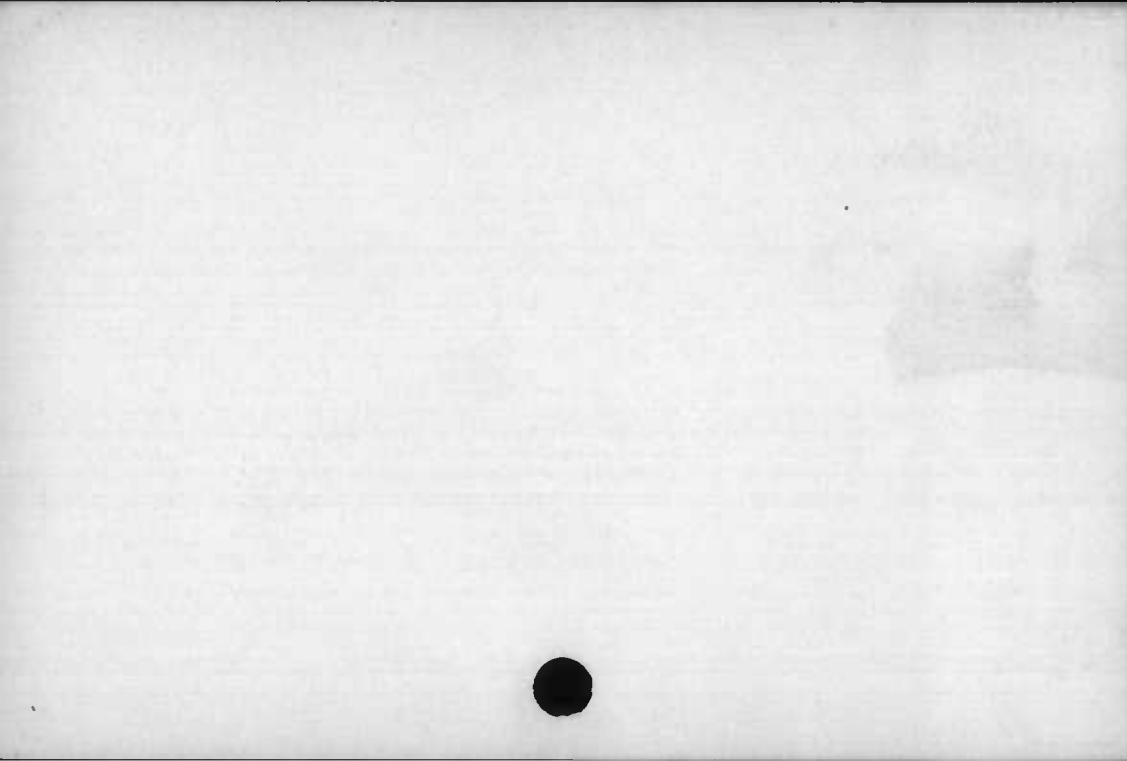
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death		1909	Month	Day	Age	Years	Months	Days	
Sex		X		Color or Race		H		Birth-place	Md
Occupation					Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband						
Father's Name			John Rankin					Father's Birthplace	Md
Mother's Maiden Name			Ruth Rankin					Mother's Birthplace	Md
Name of person giving information			Ruth Rankin					How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stell - born	How long	8
Immediate	Stell - born	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. H. M. Lane	
		Address	
		Hockburg.	
Accident or Suicide?			



Name
in
Full

Charles Rawlins Jr

CERTIFICATE OF DEATH

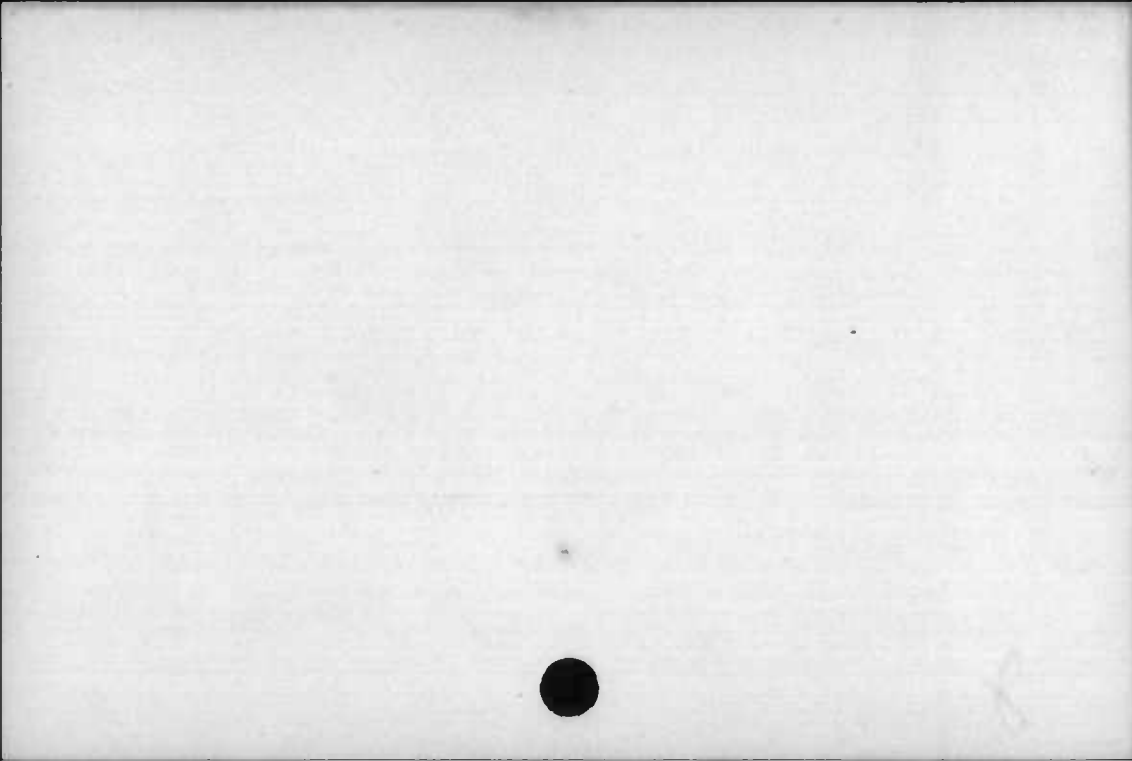
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		2			1		
Sex	male		Color or Race	C		Birth-place	W.D.
Occupation	Lumber			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Charles Rawlins Jr			Father's Birthplace	
						W.D.	
Mother's Maiden Name			Annie Rawlins			Mother's Birthplace	
						W.D.	
Name of person giving information			Charles Rawlins			How related to deceased	
						father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis	How long	1 wk
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in Full

Victor Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

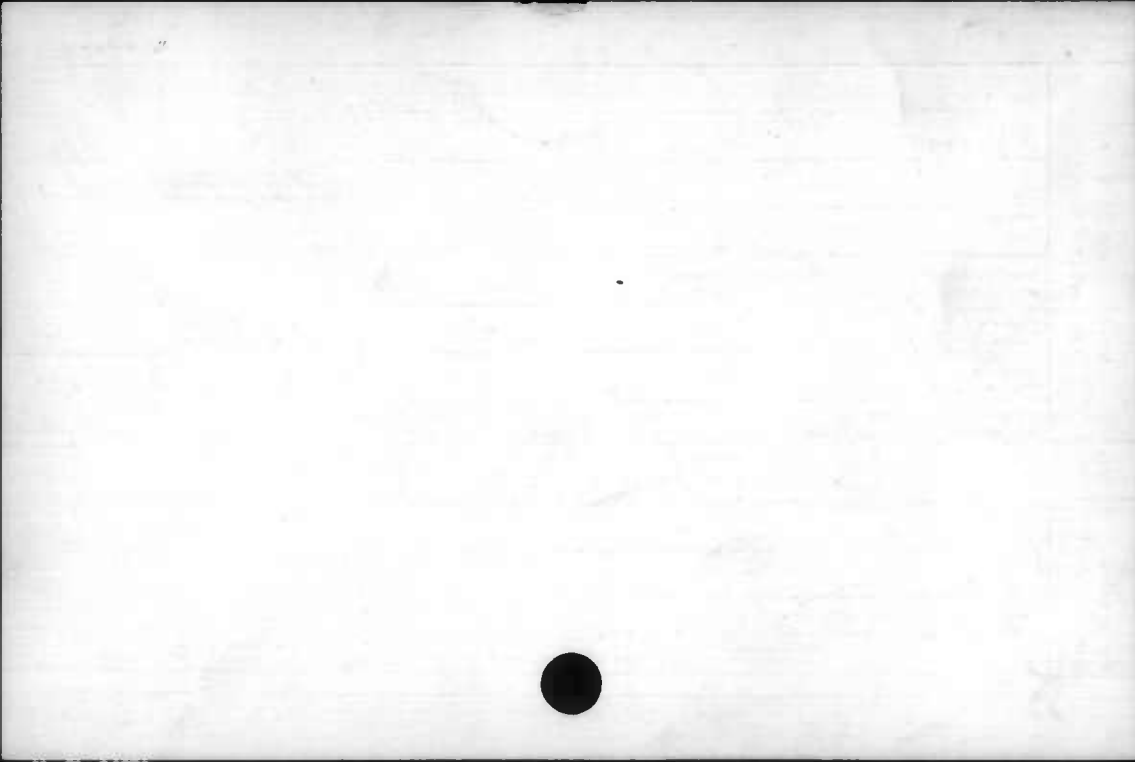
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Feb.	20	Age	38		
Sex	male	Color or Race	White		Birth place	Washington Co Md	
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		-		
Father's Name	James W. Reynolds				Father's Birthplace	Washington Co Md	
Mother's Maiden Name	Sarah Week.				Mother's Birthplace	" " "	
Name of person giving Information	James W Reynolds				How related to deceased	Father	

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Fall from 3 story building		How long	3 days
Immediate	falling as being		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.		
Signature of Physician		A. L. Franklin		
Address		Cumberland Md.		
Accident or Suicide		Accident		



Name
in
Full

Sophia Schanecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <u>Allegany</u> County		MARYLAND	
Date of death	190 <u>9</u> <u>Feb</u> <u>21</u>	Age	<u>55</u> <u>7</u> Months <u>—</u> Days
Sex	<u>Female</u>	Color or Race	<u>White</u>
Occupation	<u>House Keeper</u>	Birth-place	<u>Cumberland</u>
Married, Single or Widowed	<u>Widow</u>	Where Residing if not at place of death	
Father's Name	<u>Do not know</u>	Name of Wife or Husband	<u>Robert Schanecker</u>
Mother's Maiden Name	<u>Eva Ransch</u>	Father's Birthplace	<u>Do not know</u>
Name of person giving Information	<u>Minnie Schanecker</u>	Mother's Birthplace	<u>Germany</u>
		How related to deceased	<u>Daughter</u>

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	<u>nail in foot</u>	How long	<u>few months</u>
Immediate	<u>Irtanus</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. H. Hawkins</u>
Accident or Suicide	<u>no,</u>	Address	<u>142 Cumberland</u> <u>md.</u>

Anderson

Family. Wm.

Borkman 10.

Henry H.

Smith E.

Shertzer M

Schiller J.

Dahler A

Hoffman J.

—
—
—
—
—

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Geo. G. Schlund* County *Allegheny*

Died at *New Cumberland* State *MARYLAND*

Date of death 190*9* Month *Feb.* Day *16* Age *57* Months *—* Days *2*

Sex *Male* Color or Race *White* Birth-place *Cumt.*

Occupation *Farmer* Where Residing if not at place of death *Rebecca Schlund*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *George Schlund* Father's Birthplace *Germany*

Mother's Maiden Name *Margaret Foster* Mother's Birthplace *Germany*

Name of person giving Information *Rebecca Schlund* How related to deceased *Sister*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

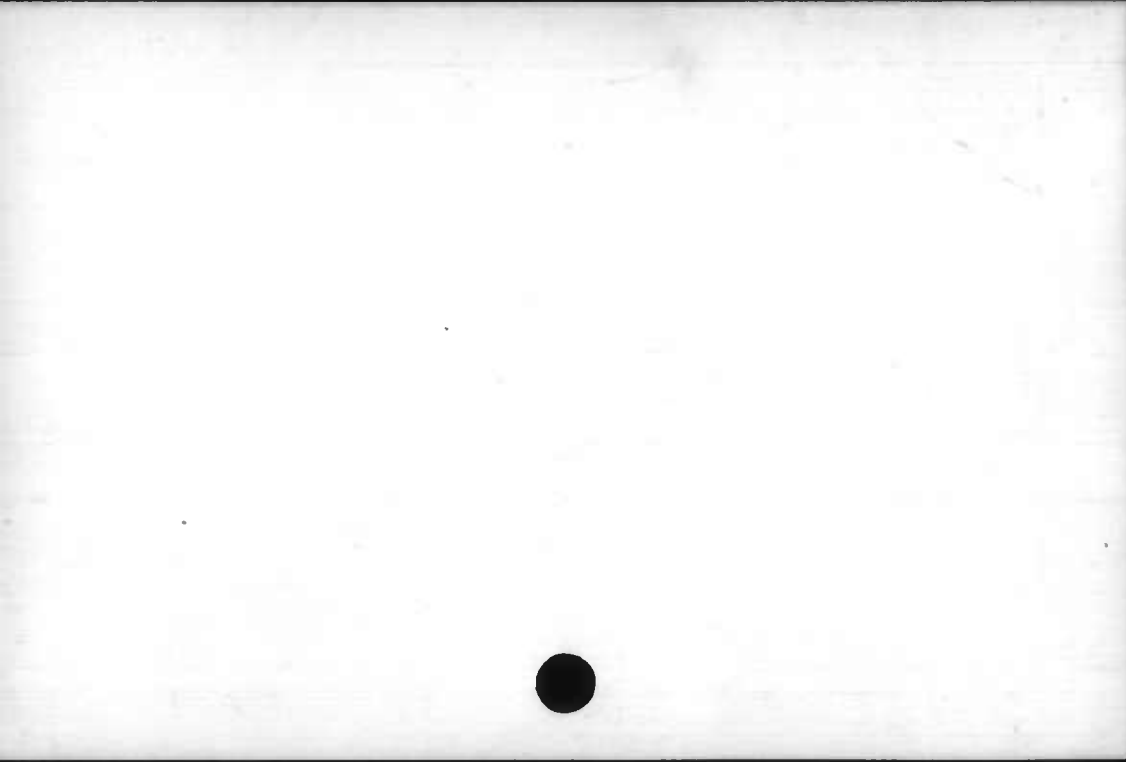
Primary *Typhoid Fever* How long *4 wks*

Immediate *Exhaustion* How long *1 wks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. Lewis* Address *Cumt. Md.*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

Alexander S. Small

TO BE ANSWERED BY
NEAREST FRIEND

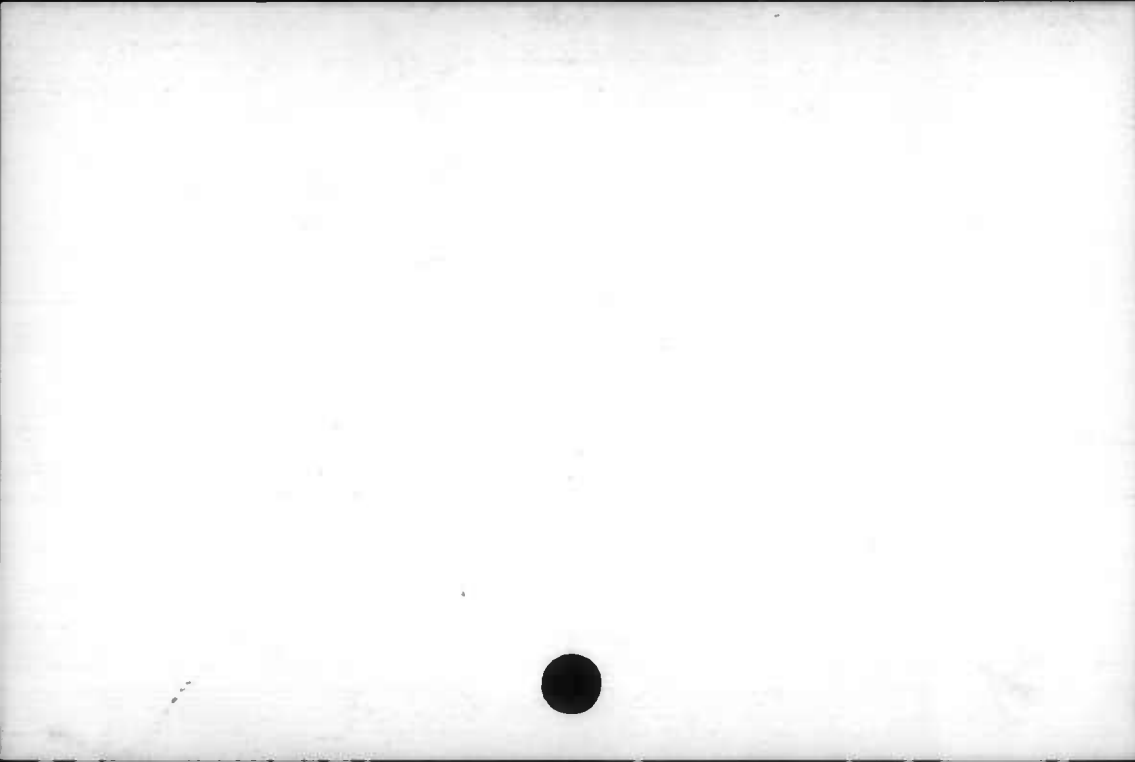
Died at <u>Barton</u> Town <u>Allegany</u> County		MARYLAND									
Date of death	1909	Month	Feb	Day	12	Age	64	Months	4	Days	6
Sex	Male		Color or Race	White		Birth-place	Jefferson Co W. Va				
Occupation	Carpenter		Where Residing if not at place of death		✓						
Married, Single or Widowed	Married		Name of Wife or Husband		Ruchael Urella Brothers						
Father's Name	James Small		Father's Birthplace		Martinsburg W. Va						
Mother's Maiden Name	Jane O'Bannan		Mother's Birthplace		Virginia						
Names of person giving Information	Mrs Urella Small		How related to deceased		Wife						

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Tubercular Peritonitis		How long	About 8 months	
Immediate	Stricture of Pylorus		How long	Two months	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		A. A. Boucher
J			Address		Barton Md
Accident or Suicide					



Name

in
Full

CERTIFICATE OF DEATH

Andrew Smith

Town

County

MARYLAND

Died at

Lonaconing

Alligany

Date

of death 190

Month

Feb

Day

3

Age

Years

3

Months

6

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Lonaconing

Married, Single
or Widowed

Single

Occupation

None

Name of Wife or
HusbandFather's
Name

William Smith

Father's
Birthplace

Lonaconing

Mother's
Maiden Name

Elizabeth Stafford

Mother's
Birthplace

Edwa

Name of person giving
In formation

William Smith

How related
to deceased

Father

CAUSES OF DEATH

61

Primary

Cerebro-Spinal Meningitis

How long

Six weeks

Immediate

Infection & Exanthema

How long

One month

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. B. Killing M.D.

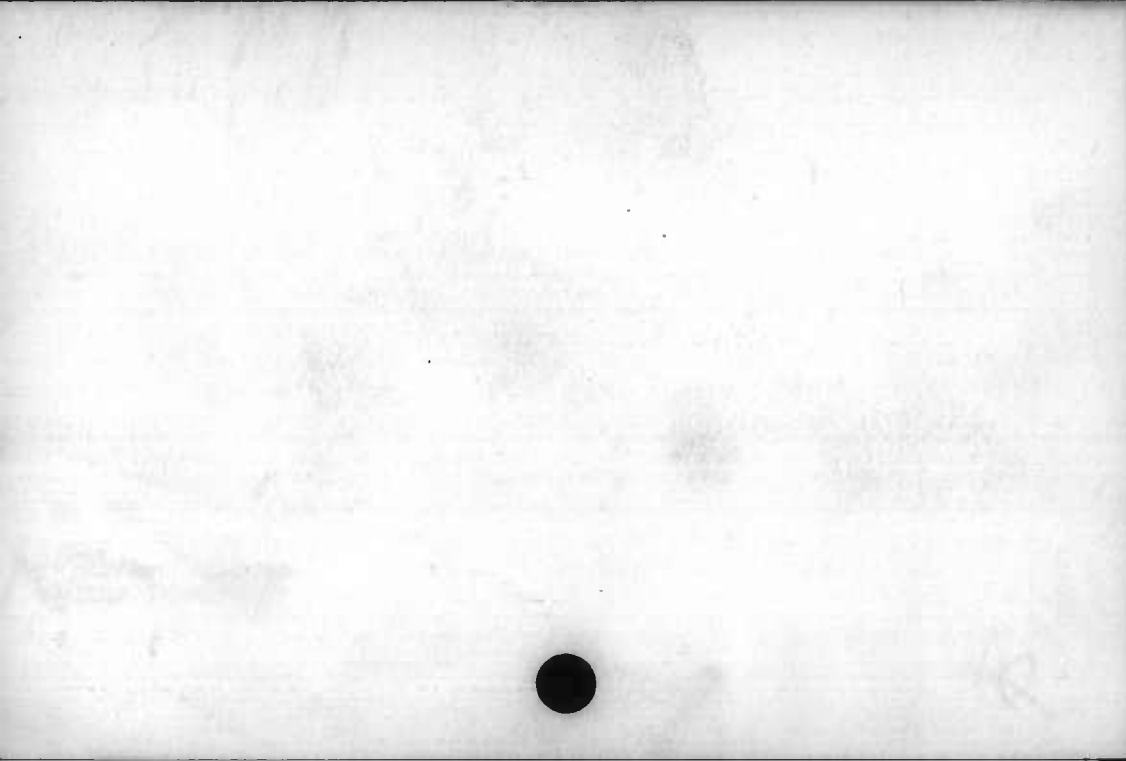
Address

Lonaconing

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Melvin Smith* Town *Louesville* County *Allegheny* MARYLAND

Died at *Louesville* Date of death 190 *9* Month *Feb* Day *11* Age *20* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth place *Louesville*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Adam Smith* Father's Birthplace *Louesville*

Mother's Maiden Name *Mary Barclay* Mother's Birthplace *—*

Name of person giving Information *Peter Smith* How related to deceased *Grandfather*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Brain Stalk* How long *Sudden*

Immediate *Shock Congestion of lungs* How long *2 1/2 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. B. Skilling M.D.* Address *Louesville*

Accident or Suicide *Accident*



Name
in
Full

Robert S. Snively

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		2	11	Age 85			
Sex	Male	Color or Race	Colored	Birth place	Frederick Md		
Occupation	Porter			Where Residing if not at place of death			
Marrisd, Single or Widowed	Widowed			Name of Wife or Husband			
Susan Snively							
Father's Name	Dont know			Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	Mrs Bessie Hudnell			How related to deceased			
				Grand child			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

120

Primary	Old age	How long	85 yrs.
Immediate	Bright's disease	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Spurgeon Spang	
		Address	
		604 N. Mechanic	
Accident or Suicide			

PHYSICIAN
OR CORONER

LSB

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Elizabeth Stanley

Died at Cumberland Valley, MARYLAND

Date of death 1909 Feb 2 Age 56 Months Days

Sex Female Color or Race White Birthplace W. Va.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Fredrick W Stanley

Father's Name Benedict Grimmerger Father's Birthplace Germany

Mother's Maiden Name Catharine Campbell Mother's Birthplace Hagerstown Md.

Name of person giving Information Edw. B. Spicer How related to deceased Son in Law

CAUSES OF DEATH

79

Primary Organic Heart Disease How long 2 or 3 yrs

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. A. Swartz

Address Cumberland, Md.

Accident or Suicide



Name
in
Full

Theresa Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb	4 th	3		11	23
Sex		Color or Race		Birth-place			
Female		White		Morant			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John Sullivan				Ireland			
Mother's Maiden Name				Mother's Birthplace			
Theresa Callahan				Mt Savage Md			
Name of person giving Information				How related to deceased			
John Sullivan				Father			

PHYSICIAN
OR CORONER

CAUSES OF DEATH		167
Primary	Set clothes on fire with match	
Immediate	General Burns on body	How long 3 wks
	Acute Toxicemia	How long 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		F. Alan G. Murray
Address		Mt Savage Md
Accident or Suicide		
Accident		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Emily Trieber

Died at Cumberland Alleg. County

Date of death 1909 Feb 21 Age 73

Sex Female Color or Race White

Occupation Retired Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Michael Trieber

Father's Name Don't Know

Mother's Maiden Name " "

Name of person giving Information John M Trieber

MARYLAND Months Days

Birthplace Germany

Father's Birthplace Germany

Mother's Birthplace

How related to deceased Son

18

CAUSES OF DEATH

Primary Injury to right leg

Immediate Gangrene

Are the name, age, sex, color, date and place correctly given above?

Listein J J over

Accident or Suicide

Signature of Physician

Address

PHYSICIAN
OR CORONER

Lacerated wound, Carysipelas developed.
followed by gangrene. Due to fall down
stairs.

54 Browning St.

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henrietta Weaver*

Died at *Cumberland* Town *Allegany* County *MARYLAND*

Date of death *1909* Month *2* Day *2nd* Age *19* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Cumberland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Eugene Weaver* Father's Birthplace *Vermont*

Mother's Maiden Name *Emina Hoke* Mother's Birthplace *Attosoa*

Name of person giving Information *" " "* How related to deceased *Mother*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Mal-nutrition* How long *2 weeks*

Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. R. Hodges*

8 Address *Cumberland, Md*

Accident or Suicide _____

Dr. Hodges

Name
In
Full

Infant Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

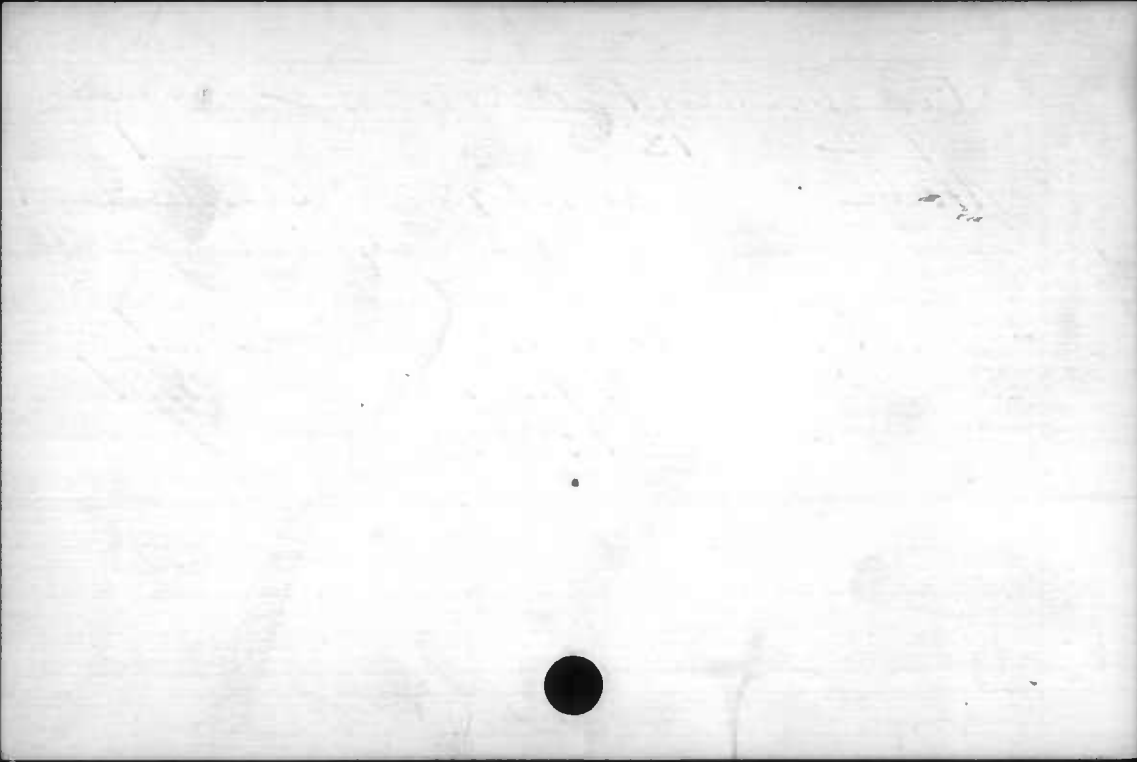
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		2	13			# 1/2	
Sex		Color or Race		Birth-place			
Male		White		Cumberland			
Occupation				Where Residing if not at place of death		Cumberland	
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name		Father's Birthplace					
Klenn Welsh		Md					
Mother's Maiden Name		Mother's Birthplace					
Mattie Sykes		Md					
Name of person giving Information		How related to deceased					
Klenn Welsh		Father					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Exhaustion	How long	12 hours
Immediate	Congenital debility, Cerebral.		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
8	Thos. H. Sizer	Cumberland	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Emma M. L. Shouse

Died at

Chamberland

At the quarry

MARYLAND

Date

of death 190

9

Month

7

Day

6

Age

Years

34

Months

Days

Sex

Female

Color or
Race

White

Birth
place

Port B. St. Lawrence Pa

Occupation

Housewife

Where Residing if not
at place of death

Chamberland Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

E. A. Shouse

Father's
Name

John Shouse

Father's
Birthplace

W. Va

Mother's
Maiden Name

Sydney Shouse

Mother's
Birthplace

W. Va

Name of person giving
Information

E. A. Shouse

How related
to deceased

Husband

CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

7 days

Immediate

Exhaustion

How long

6 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

T. B. McDonald

Address

Accident or Suicide

Ernest Pa

Name
in
Full

Ruth Wilson

CERTIFICATE OF DEATH

Died at *Cumberland* Town *allergany* County **MARYLAND**

Date of death *1909* Month *2* Day *22* Age *One* Years Months *6* Days *0*

Sex *Female* Color or Race *White* Birth-place *Cumberland*

Occupation *0* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *James H. Wilson*

Father's Birthplace *MD*

Mother's Maiden Name *Ruth Malin*

Mother's Birthplace *MD*

Name of person giving Information *father James H Wilson*

How related to deceased *father*

CAUSES OF DEATH

Primary *Bronchi-Pneumonia*

How long *92*

Immediate *Exhaustion*

How long *Week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Hochstetler*

J Address *Cumberland MD*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

